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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SUMMARY FOR THE YEAR 1857.

In conducting any business, it is always the habit of careful persons to pause at stated periods, in order, as it is termed in trade, "to take stock", *i. e.*, to ascertain what they have on hand available for the future, and to appreciate their gains in the past. There are few pursuits to which the maxims and habits of sound trade are not in some way or other applicable; and we propose from time to time to review the information which has been gleaned for our readers from London and country hospitals in this department of the JOURNAL, in order to render it more readily available, and to bring together, for more easy reference, groups of cases which at present are scattered without order or arrangement. The reader of our Hospital Reports will observe that we do not affect to present statistical summaries. Such summaries, in fact, are, in our opinion, worse than valueless, unless founded on a very large number of carefully observed cases; and it does not appear to us to fall within the compass of a hospital reporter to collect a sufficient number on whose perfect accuracy and sufficiency he can rely. What we aim at doing in this series is to collect from the various cases which pass before us the most practically interesting, and to have them sufficiently well described, and with sufficient guarantees of their accuracy, to serve the purpose of the practitioner in treating cases which come before him, or of the inquirer when investigating any special branch of medical knowledge. It is, therefore, rather our object to obtain well taken than numerous cases; and those which illustrate practice, rather than such as are merely extraordinary. The bulk of our reports are, of course, derived from the hospitals of the metropolis; but many of the most interesting cases have been forwarded by country associates, to whom our thanks are specially due for their communications. We have included in the subjoined summary all the cases which have appeared in this part of the JOURNAL during the past year, without any distinction as to the source from which they were derived.

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We cannot conclude this summary without expressing our warmest thanks to the numerous resident medical officers of the various London Hospitals, who have kindly placed their note-books and cases at our disposal; and to the surgeons and physicians, who have shewn every disposition to facilitate our labours.

Original Communications.

ON SO-CALLED HYSTERICAL PAIN.

By Thomas Inman, M.D., Liverpool.

There is scarcely any medical dictum upon which practitioners more securely repose, than that superficial tenderness, and tolerance of firm pressure, are a proof that any unusual pain complained of by females is "hysterical" in its character. The physician, when his patient complains of pain—say in the abdomen—ordinarily places his hand upon the part; and, finding that the individual shrinks from contact, begins to talk of things in general, but making all the time his hand weigh heavier; and if no more suffering is evinced, he concludes that the pain is *only hysterical*.

When this conclusion is arrived at, one of two ideas may be adopted: 1, that the pain is real, but of no consequence; 2, that it is unreal—the result of a morbid propensity to enjoy miserable sensations.

This style of reasoning reminds us of the Pickwick Club, in which an insult ceased to be so, when it was stated that the words were used in a "Pickwickian" sense; for in medicine, pain is no pain, and suffering no suffering, in an hysterical sense. An hysterical pain is one which a patient feels, but has not; which has no existence; but which, by being thought upon, may grow, until it is unbearable! It is like the weapon which Macbeth saw—"a dagger of the mind, a false creation"—analogous to the ocular and aural delusions of the insane! No one can dwell long upon these ideas without seeing how absurd they are—how unphilosophical it is to pay attention to an hysterical spasm, and ignore an hysterical pain. But the answer that each one quiets his conscience by, is—"I have done my best to cure the pains, time after time, but the more I try to do, the worse the suffering becomes. I therefore think it best to leave them alone." Such medical reasoning is unworthy of any one who believes that our profession should progress with the times.

The fact that the so-called hysterical pains are not cured by the means adopted for their relief, is the very thing which ought to make us review the whole subject. Many have reviewed it, but they have always started from false data, and taken an assumption for a fact; and amongst the *quasi* facts, none hold a more conspicuous place than the one to which I have referred at the head of this paper. There is not, I believe, one single treatise on hysteria existing in which this symptom, under one form of words or other, is not put forward as diagnostic.

I hope to prove that the phenomenon referred to has no more necessary connection with hysteria than have toothache, rheumatism, tic, or cramp; but that it depends upon a far more comprehensible condition than does that Protean malady.

I propose to consider, in the first place, the circumstances under which we have the symptom present; and secondly, the objections urged against the new theory involved.

We find cutaneous tenderness, and tolerance of firm pressure, in every parturient female who has had a lingering and hard labour, or who was not very strong to begin with. Every practitioner knows how sore the skin is, and how much his patients complain, when first his hand is placed on the abdomen after the child is born; but how well firm pressure, either by a heavy hand or a tight bandage, is borne. This phenomenon lasts for some days; and I know an instance where it was renewed in consequence of the patient getting up too soon, and where the sufferings from pain and tenderness were so severe, that the case was treated for peritonitis—no suspicion of "hysteria" attaching to a parturient woman. Here at least, then, we have the symptom referred to in its most acute form, without its being a proof of the disease in question; for no one can be so wild as to assert that nine-tenths of women are "hysterical" immediately after their confinement. The phenomenon is due in these cases to nothing more than excessive fatigue in the abdominal muscles, and concomitant soreness of the skin.

A friend, who has been much amongst the miners in Australia, tells me that the men in the course of their journeys over heavy sandy soils, and when they were well laden with revolvers and other necessary appurtenances for travellers, used to suffer at the end of three or four days from severe pain in the sides and abdomen, accompanied with *such excessive tenderness of skin*, that all sorts of contrivances were resorted to to prevent even the shirt touching it. It was chiefly those who had been clerks, shopmen, etc., at home, who suffered from these pains. A day or two's rest removed the soreness, etc., entirely. When they were not in motion, a tight belt or pressure gave relief. Surely there could be neither "hysteria" nor "shamming" here!

Again, I could give a host of cases where a day's exercise at a gymnasium has been followed in young men by such pain and tenderness, that they have had the notion that they were labouring under some acute and severe inflammation. I have been consulted for such affections when they have arisen from excessive laughter; from removing books or furniture; from polishing chairs and tables; from pumping; from baling; from rowing; from vomiting; from coughing; from dandling a heavy child; etc. I have known it to occur in a bricklayer of about fifty years of age, who, after having been laid up six weeks by bronchitis, and being only imperfectly cured, went to work at digging. Next day, his skin was as tender and his body as sore as that of a man with acute rheumatism.

In all these cases there has been tenderness on superficial pressure, or soreness of the skin; and in all of them relief has been experienced by steady firm pressure on the pained parts: and yet no one would say that these were instances of hysteria. In all of them the phenomenon is due to excessive muscular action and consequent or concomitant cutaneous sensibility.

Again, every swimmer or pedestrian who has had cramp feels for some time afterwards increased pain in the muscle and soreness of the skin. We have met with similar phenomena in children after a merry dancing party, after severe sickness, and after an attack of irritable cough during scarlatina; we have seen them in the abdominal walls in schoolboys, after football, cricket, races, and the like; we have met with them in lads of delicate constitution after a long walk. In all a tight belt gives relief to a very marked degree. In none of these, except by a wilful perversion of words, can we recognise an "hysterical" element. In none of them can we come to any other conclusion than that the cause of the suffering is in the muscular system exclusively.

To this, I have known it objected, first, that *muscle cannot feel*, and therefore that all the phenomena are only different forms of "nervous irritation"; secondly, that the people in whom the hysterical pains are found have not put themselves in the way of fatiguing their muscles.

To the first I reply, that it is of no use bothering about words. If a man has the toothache, we say he has toothache, and not nervous irritation in his tooth. If a man has cramp in the water, and is drowned while bathing, we should not say that he died of "nervous irritation"; if he was sore after exertion, we should say his muscles were painful, not that the fatigue had induced nervous irritation in some fleshy and tendinous structures. To use such phrases would be to raise two words alone to the dignity of twenty real diseases; and nobody would know what was meant, unless the author added, muscular, tendinous, dental, facial, gouty, arthritic, rheumatic, neuralgic, hysteric, cutaneous, stomachic, intestinal, uterine, vesical, or rectal "nervous irritation".

The fact seems to be, that there is a strong propensity amongst medical writers to set up, as it were, a number of cities of refuge, to which all those symptoms may be sent which cannot satisfactorily be assigned to definite seats. We have the word "inflammation" used as such a refuge in diseases of the vascular system; "dyspepsia", in the digestive system; and "nervous irritation" and "hysteria" are the cities of refuge for all curious female symptoms, no matter what their class. When once a symptom has been sent by any writer to any of these refuges, he and all his admirers have a peculiar disinclination to summon it back again, and assign it to its proper place. It is not a pleasant thing to acknowledge, even to our ownselves, that we are wrong; we therefore try, if possible, to prove that the refugee we are interested in is really a denizen of the city to which we sent him. Now, it so happens that many symptoms have been sent to "hysteria", which never fairly belonged to it: another system, the muscular, is laying claim to them; but those who sent them to "hysteria" will rather transfer them to the other refuge, "nervous irritation", than let them fall into their proper place. And so, in the endeavour to prove that pains, such as we have in cramp and after excessive muscular exertion, are not in reality due to the muscular system, we are told that "muscle cannot feel", and therefore it is absurd to say that pains referred to it can have any other origin than "nervous irritation"!

It may be very correct, in the present state of our knowledge,

to say that it is nerve alone that feels; but, as our sensations are as various as our organs, it is the best plan to speak as if they were in reality the seats of pain, etc. Take for example a condylomatous growth and a cancer: we cannot suppose that new nerves are formed in them; for, however much we may believe in possible nerve-extension in the part itself, we cannot suppose that an extension of the new fibrils takes place all the way along the nervous trunks into the brain, which is necessary before a new growth can be sensitive. Yet, notwithstanding the presumed absence of nervous fibrils in the new growths, the former is generally more sensitive than the healthy skin, and the latter has sensations peculiar to itself.

I consider, then, that it is far better to attribute the causes of pain to some modification of the organs to which the sensation is referred, than to enunciate that all pain, etc., is only "nervous irritation", and that it is the function of the sentient nerves to report to the sensorium the condition of the parts from which they come, rather than for themselves to originate the state of things on which the pain depends.

Another objection to the explanation I have attempted of the so called hysterical pains, is one that is deeply ingrained in the mind of the majority of medical men, viz., that these pains are *not real*—that they are severe and unbearable *only* because the patients allow their mind to dwell upon them. To believe this is to believe that an individual can create a pain, and, by parity of reasoning, can destroy one; that thinking long of a tooth can produce toothache; and that an intense abstraction of mind may destroy the pains of gout or uterine contraction! I have long been at a loss to know by what warrant the physician asserts that a pain his patient feels has no real existence; and, after long searching out the cause, can only attribute the presumption to that loose style of reasoning so lamentably common in the profession. It is taken as an axiom, that hysterical patients are fond of sympathy; that the sufferings they experience are exaggerated when real; and therefore that, whenever they complain of a symptom which the doctor can see no reason for, it *must be* a false creation—an hysterical symptom, and of no consequence—just a "Pickwickian" insult to the nerves! I have myself suffered from that very cutaneous tenderness, etc., which I have described; and I have had male acquaintances who have themselves experienced pains precisely similar to those complained of by hysterical females. All describe them nearly in the same terms. The seats of pain are the same in both sexes; in both, the sensation is compared to a "wearing", hot, or burning pain. In all cases, there has been unusual exertion of the abdominal muscles, either in walking, running, jumping, laughing, hauling on ropes, ringing heavy bells, etc. The pains have been located in the very regions in which we find the so called hysterical pain most common, *i. e.*, in the attachments of the obliquus externus and rectus abdominis, or in the fleshy parts of the same muscles. In all, the pains might have been said to have been hysterical, had they occurred in young women.

I must now answer the objection, that young women do nothing to fatigue their abdominal muscles; and, consequently, that the idea of their pains arising from over-fatigue is absurd. I distinctly say, that the individuals in whom the hysterical pains about the abdomen are so common do habitually fatigue their muscles to a very great extent.

Let us bear in mind, in the first place, that what is only ordinary work for a healthy person, when his muscles are strong, becomes excessive when those muscles are reduced in power; and that, if soreness, tenderness, and pain, result from double work in a strong man, the same results will follow from common work when the strength has been reduced one-half. But as we know that precisely similar causes will produce greater suffering in any individual when there is great debility than when there is full health, so there is reason to believe that the pain from over exertion in a weak muscle is more than proportionately severe to what it would be if the muscle were in a healthy state, and that the weaker and weaker the muscle is, the more doubly intense will be the suffering. Insufficient diet, loss of appetite, of blood, or of rest; excessive discharges, whether catamenial or leucorrhœal; excessive diarrhœa, the results of fevers, incipient and confirmed phthisis, profuse perspirations, indigestion, and the like, all have a direct tendency to reduce the muscular power.

If, then, with reduction of power, the amount of work done remains the same, what can the muscles do but complain, as did the Israelites in Egypt, when they had to deliver the same tale of bricks, with an arrested supply of material.

A healthy school-girl can sit erect, sew, knit, do rug-work, play for hours at the piano, and then end the day with many an hour's dancing; and only feel *fatigue*. But if she have menorrhagia, or any other thing to diminish her strength, the very same exertion will be, for her then condition, *excessive* and *productive of pain*. It is generally under these or similar circumstances that we think we are certain to recognise *hysterical* symptoms. Many a strong well fed man will suffer severe abdominal and dorsal pain, if he have to sit or stand for many hours without any rest for his head, his elbows, or his arms; yet we think a poor ill fed sempstress, who sits sewing, supporting her head at a great disadvantage, using both shoulders incessantly for eighteen hours a day, is guilty of shamming or hysteria, if the labour is ultimately too great for the trapezius and abdominal muscles, and is followed by pain and soreness! Few of us, indeed, ever cast a thought upon the avocations of women, or the amazing amount of physical exertion they undergo during the twenty-four hours, and often with gradually failing health. The mother of a family may get on well enough till she is pulled down by over-nursing; she still does her work, but it pains her; she becomes sore, tender, miserable; she sends at last for the doctor, and has the delight of hearing that her sufferings are only hysterical or nervous! She says to herself, and sometimes, too, to the physician, "Ah, if you felt my pains, you would think more of them; you would never say, 'Oh, they are of no consequence.'" And she is right. If the doctor really felt them, he would at once recognise their cause, and, by simply giving strengthening remedies and directing more rest and less work, he would cure them speedily.

I have known, in delicate or phthisical patients, "hysterical" pain produced by prolonged sitting, practising at the piano, travelling, walking, carriage exercise on indifferent roads, dancing, laughing, rug-work, coughing, straining at stool; from an energetic discharge of the common household duties; from washing, ironing, mangling, sewing, dusting furniture, shaking carpets, etc. When once present, it is kept up by turning in bed, coughing, defæcation, urination, talking, sneezing, and the like.

Now, bearing these things in mind, we can readily understand why the plans adopted for the relief of hysterical pains may have made them worse. Increased food, tonics, and diminished labour, have been the things demanded; but the doctor has used, with the best intentions, aperients, blisters, leeches, and low diet; and no attention whatever has been given either to assist the fatigued muscles, or relieve them of their work. No wonder that, under the circumstances, the patients find themselves worse and worse. How can they be otherwise, when, their work remaining ever the same, the doctor is constantly diminishing their power to do it? No wonder that at last the diminution of strength is so excessive that the individual is obliged to lie up. When that result has been attained, the muscular system is so excitable that even ordinary respiration is a burden, and any active motion of the body almost unbearable. Nor ought there to be any surprise, we may add, that the patient should begin to recover under homœopathy—a system which supports the strength, and never pulls it down by medicines.

I can only add, that I have put the ideas enunciated above to the test of two years experience; and that I have most serious doubts whether the idea of "hysterical pain", as contradistinguished from pains common to all ages and sexes, ought not to be expunged entirely from all our medical writings. The symptom referred to has been a traitor to lure us astray: it ought to be expelled from our camp.

DIPHTHERITIC CONJUNCTIVITIS: A SYMPTOM OF OPHTHALMITIS.

By William Mackenzie, M.D., Surgeon-Oculist in Scotland in Ordinary to the Queen.

Before attempting to establish a new genus or species of disease, the careful pathologist makes it his business to discover whether what he purposes to discriminate from other diseases has not been already described by his predecessors, and thus enables himself to avoid imposing merely a new name upon what was essentially known before.

In a paper by Mr. Prichard (British Medical Journal, Nov. 28, 1857, p. 981), entitled "Diphtheritic Conjunctivitis", that gentleman enumerates various authors, in whose writings he had not found any description of the pathological state to which that name has been applied; and among them he mentions me. The cases of destructive inflammation of the eyes, related by Mr. Prichard in the paper referred to, followed scarlatina, and are well worthy of being recorded.

The name "Diphtheritic Conjunctivitis", first used by Dr. Von Gräfe, of Berlin (*Archiv für Ophthalmologie*, Band i, Abtheil 1, p. 168. Berlin. 1854), being a new one, does not occur in my *Practical Treatise on Diseases of the Eye;* yet I have both seen and recorded the fact, that ophthalmitis is, in certain cases, attended by a lymphatic exudation, and the formation of a false membrane, on the conjunctiva. I have also enumerated scarlatina, along with other blood-diseases, as apt to be followed by ophthalmitis. Two short quotations will serve to establish this statement. After mentioning that there are differences in the progress of ophthalmitis, and in the order in which the symptoms follow one another, I go on to say—

"The conjunctiva continues to swell; and what does not occur except in cases of ophthalmitis, this membrane, especially where it lines the lower eyelid, becomes covered with a layer of coagulable lymph, which may be detached like a false membrane, and which is gradually reproduced. This appearance is observed in idiopathic, traumatic, and phlebitic cases of ophthalmitis, and serves to show the analogy which exists between these three varieties of the disease." (*Practical Treatise*, 4th Edit., p. 585. London: 1854.)*

"The causes of idiopathic ophthalmitis . . . . . are often obscure; slight injuries, such as a simple puncture, may produce the disease in some particular states of the constitution. There is reason to believe that ophthalmitis occurs as a consequence of certain eruptive fevers, such as measles, smallpox, scarlatina, and typhus. Whether in these cases the disease arises from pus being taken up by the veins from some of the viscera, can at present be merely proposed as a query." (*Ib.*, p. 587.)

Ten years ago, M. Chassaignac announced, that the conjunctiva was covered in ophthalmia neonatorum by a pseudo-membrane, and that a great improvement in the treatment of that disease consisted in the employment of a cold water douche to the eyes. (*Annales d'Oculistique*, tome xviii, pp. 138, 140, 273, 279. Bruxelles: 1847.) There is reason, however, to suspect that what he regarded as a false membrane was not a mere exudation, but rather the epithelium, so thickened and changed by the inflammation, and the action of the douche, that it could be detached by the forceps. If so, ophthalmia neonatorum is not, as M. Chassaignac considered it, an "ophthalmie diphthéritique pseudo-membraneuse."

Béclard, speaking of the inflammatory affections of mucous membranes, says—

"L' inflammation couenneuse ou plastique y est moins fréquente. Cependant on l'observe fréquemment dans les voies aériennes où elle constitute le croup, et assez souvent dans les voies alimentaires, dans les intestins, la vessie, l'urètre, et même quelquefois aux yeux." (*Elémens d'Anatomie Générale*, p. 243. Paris: 1827.)

In his Additions to Bichat, he states that the conjunctiva, when inflamed in consequence of exposure to the vapour of hydrochloric acid, presents a covering of false membrane. (*Additions à l'Anatomie Générale*, p. 233. Paris: 1821.)

Such a fact (unless the swollen and softened state which the conjunctiva assumes when acted on by a strong mineral acid, has been confounded with a lymphatic exudation on its surface), may be conceded as affording an example of a pseudo-membranous or diphtheritic conjunctivitis; but in no other instance with which I am acquainted is an effusion of coagulable lymph on the surface of the conjunctiva, forming a layer, which can be peeled off like a pellicle or skin (διφθέρα), part of any mere conjunctivitis. Such an exudation, however, I am conversant with as an occasional attendant on that severe form of general inflammation of the eyeball and orbital tissues, to which the name of ophthalmitis is applied.

This inflammatory affection of the whole contents of the orbit arises from a variety of causes:

1. It arises, although rarely, from injuries of the eye. I have known it to follow an operation for cataract.

2. It is sometimes regarded as idiopathic, being seemingly produced by cold or some such influence, as in an interesting case by Bouisson, in which the pseudo-membranous formation on the conjunctiva was very remarkable. (*Annales d'Oculistique*, tome xvii, p. 100. Bruxelles: 1847.)

3. One of its most frequent causes is purulent infection of the blood, in consequence of erysipelas or diffuse cellular inflammation, or of traumatic or uterine phlebitis.

4. It is an occasional sequela of certain fevers, as typhus, measles, variola, and scarlatina.

5. Recent observations show that a congener of scarlatina, viz., croupy sore-throat or diphtheritis, sometimes leads to ophthalmitis.

When ophthalmitis arises from any of these causes, we find the eyeball protruded from the orbit, and apparently enlarged; the eyelids swollen, stretched, everted and hard; the conjunctiva and subjacent areolar tissue affected with white or serous chemosis, a state easily distinguished from common chemosis, inasmuch as it is attended with scarcely any increase of vascularity; while on the surface of the conjunctiva there is deposited, although not in all cases, a layer of coagulated lymph, which, if stripped off, is formed again and again. At last the conjunctiva does become red, and, ceasing to exude lymph, gives out puriform mucus. It often happens, in this terrible disease, that both eyes are involved; that vision is rapidly extinguished; that the aqueous chambers are seen to be the seat of bloody, lymphatic, or puro-lymphatic effusion; that the cornea grows dim, and either it or the sclerotica ulcerating and giving way, the contents of the eyeball are partly evacuated, unless, indeed, the patient has already shown signs of meningitis, followed by coma, and the case has ended fatally.

On dissection, the great hardness and swelling of the orbital tissues, which existed before death, are found much reduced; the ocular capsule and surrounding cellular substance infiltrated with sero-purulent fluid; sometimes one or several small but distinct abscesses within the orbit; the eyeball, which, during life, had seemed enlarged, of its natural size; lymphatic or purulent deposition between the choroid and the retina, and within the vitreous humour; the ophthalmic veins, cavernous sinus, and occasionally some of the cerebral veins inflamed, and obstructed with inflammatory products. (*Practical Treatise*, 4th Edit., Cases 284, 292. pp. 586, 593. Bowman's *Lectures*, Cases M, N. pp. 123, 127. London: 1849. Desmarres' *Maladies des Yeux*, 2nd Edit., tome ii, p. 222. Paris: 1855. Poland, *Ophthalmic Hospital Reports*, Oct., 1857, p. 30.)

It is plain that the inflammation of the mucous covering of the eye is not, in such cases, the *origo mali*—not the material part of the disorder, but only an adjunct. The diphtheritic exudation is not the starting point of the disease, nor the circumstance which determines its progress, nor causes the chief danger, nor indicates the treatment. It is the pressure of the infiltrated orbital tissues, and the inflammatory condition of the internal structures of the eye, and of the veins arising from it, which prove destructive to vision or to life.

An occurrence, then, which is not constant, but which only occasionally attends the general inflammation of the eyeball and orbital tissues, arising from the causes already enumerated, cannot, I maintain, be taken as the basis of a specific distinction; and therefore I object to the terms "ophthalmie pseudo-membraneuse" of Professor Bouisson, and "conjunctivitis diphtheritica" of Dr. Von Gräfe and Mr. Prichard.

The diphtheritic affection of the conjunctiva is not a distinct disease, but only a symptom, and that far from an important one, in the circumstances described. It is a symptom which marks, no doubt, the peculiarity, as well as the violence, of the inflammatory process going on in the subconjunctival structures, and is therefore not to be overlooked; but it is in itself of no importance, so far as the treatment of the formidable affection of the eye is concerned; on the contrary, if prominently brought into view, and treated as a separate disease, it might altogether deceive the practitioner, leading him to apply remedies to the surface of the eye, such as solution of nitrate of silver, which could be of no use, while he neglected those likely to subdue the essential and deep-seated disease, which, in spite of any application to the conjunctiva, might be hastening on to disorganise the organ of vision, and even to destroy life.

The causes of ophthalmitis, with diphtheritic exudation, already enumerated, appear, at first sight, very different; for we have, first, injuries; secondly, exposure to changes of temperature; and, thirdly, blood-diseases. The symptoms, however, which occur when the disease springs from the first or second of these classes of causes, so strongly resemble those which attend it when produced by the operation of the third class, that it naturally suggests itself, whether in those subjects in whom a wound of the eye or exposure to cold is followed by ophthalmitis, a morbid condition of the blood—a blood overcharged, perhaps, with one or other of its constituent prin-

* In the 3rd edition (1840), the fact of lymphatic exudation in ophthalmitis is noticed at p. 513. Also, in Notes of a Lecture, etc. (Medical Gazette, February 7th, 1845, p. 594.)

Mr. Wharton Jones, at p. 61 of his "Principles and Practice of Ophthalmic Medicine and Surgery," 2nd edition (1855), has a paragraph on pseudo-membranous exudation on the conjunctiva. A similar paragraph will be found in his Report on Inflammation as it occurs in the different tissues of the Eye. (British and Foreign Medical Review, July 1845, p. 276.)

ciples, or carrying with it some contamination, which has either been generated within the body, or received into it from without —is not already present. It is well known that the period when local diseases, undoubtedly of constitutional origin, arise, is very different in different persons and different constitutions, and that in many instances the constitutional affection long remains smouldering and unheeded, till some external cause, perhaps one which would have proven a trifle in ordinary circumstances, serves to excite a local disturbance of the most formidable description—so formidable, indeed, that the signs of a constitutional or blood-disease are probably lost to the eye of the practitioner in those of the secondary and local affection.

We have no hesitation, when phlebitis gives rise to ophthalmitis, in saying, that pus-cells, being taken up from the inflamed vein and circulating with the blood, are arrested in the capillaries of the eyeball, and give rise to inflammation of the choroid and iris, secondary abscess in the vitreous and aqueous cells, inflammation of the ophthalmic veins, and a sympathetic affection of the orbital tissues, including the conjunctiva.

In Mr. Prichard's cases, we hesitate as little in concluding, that by absorption of the scarlatinous virus into the blood, and by ulterior changes in this fluid, the local disease of the eye is produced.

When we meet with ophthalmitis, then, showing itself suddenly, after some trifling wound, or without any prominent exciting cause, our suspicion should be roused, that so serious and so rare a local affection may depend on a contaminated state of the blood; or, at any rate, that ocular phlebitis has almost certainly ensued.

Such a series of cases as Mr. Prichard narrates seems, at first sight, to support Dr. Von Gräfe's idea, that the diphtheritic affection of the eye is in itself contagious. I do not believe that it is really so, but only that such an exciting cause as scarlatina or variola, being propagated from person to person, may give rise to a succession of cases of inflammatory destruction of the eye. Dr. Von Gräfe's dread of the one eye inoculating the other with diphtheritic inflammation I regard as equally groundless.

CASE OF HYDROCEPHALOID DISEASE.

By CHARLES WILLIAM GRAHAM, M.D., late Surgeon, Edinburgh Regiment of Militia.

NEAR eleven o'clock on the night of March 26th, 1841, I was urgently requested to visit a little girl of Mr. M.'s, two years and a half old. She had been under the charge of a medical gentleman here for the two previous days, so that I did not exactly learn what treatment she had received, except that some doses of calomel, and several domestic enemata, had been administered.

On examination, I found that the child had no pain on pressure being applied to the region of the stomach and bowels, though there was the most urgent desire for cold water, which was immediately rejected. The skin was cool; the pulse 88, soft, and moderately full; the tongue thickly coated to the point, and red round the edges. The bowels were confined; there was constant picking at the nose and angles of the mouth; and the child awoke suddenly screaming from short sleeps; the countenance was occasionally flushed; the urine was high coloured and scanty. I recommended the application of a sinapism, for half an hour, over the region of the stomach, thereafter a small tablespoonful of castor oil, and to be repeated if the bowels were not relieved.

March 27th, 8 A.M. The symptoms continued as at last night's visit, with the addition of strabismus, dilatation of the pupils, grinding of the teeth; the pulse was small, and very feeble; the face pale and collapsed. The child had suffered two or three convulsive seizures. She had passed two dark-coloured, offensive evacuations after the second dose of oil; but the stomach still continued very irritable, with great thirst. I gave her a teaspoonful of sherry in the form of negus, and ordered a blister to the region of the stomach, the extremities to be wrapt in warm flannel, and to have every hour and a half eight drops of the compound spirits of ammonia, alternated with twenty drops of brandy in arrowroot. Absolute rest was enjoined, and orders were given that the child should on no account be raised into the erect posture. At noon, the convulsions had greatly increased in violence and frequency, and were of longer duration, with constant tossing of the arms, and general restlessness. Two drachms of assafœtida were directed to be dissolved in eight ounces of boiling water; and, after being strained, half of this solution was thrown into the bowels. This acted like a charm, for the fits ceased immediately, and never returned; vomiting also ceased. The ammonia and brandy in arrowroot were continued.

5 P.M. The symptoms continued as at last visit; the pulse was 124, small and feeble; the surface warm; the breathing occasionally stertorous and suspended.

9 P.M. The was no alteration. Three drops of laudanum were directed to be given every six hours along with the brandy and ammonia.

March 28th, 8 A.M. She had passed rather a good night. I got her, with some difficulty, to show me her tongue, which was very red, and somewhat fiery; the thirst was abated; but there was continual tossing of the arms; the eyes were half closed and turned up; the pupils contractile; pulse 118, soft and rather full; the bowels not opened since yesterday; and the urine was passed in bed. The blister had risen well. Directions were given to continue the ammonia and brandy, increasing the dose to ten drops of the former and thirty of the latter; and to discontinue the laudanum.

1 P.M. There was no change in the symptoms. The treatment was continued.

9 P.M. The symptoms had become greatly aggravated since last visit. She had all the appearance of sinking fast; the extremities becoming cold, as well as the nose and cheeks; she was still able to swallow. The brandy, etc., were ordered to be given more frequently, and warmth applied to the limbs. I returned at 11 P.M., and remained during the night.

March 29th, 2 A.M. My little patient lay in a comatose state, from which I could not rouse her; the powers of deglutition seemed to be nearly gone, as the arrowroot and brandy ran from the mouth. I sent for the following mixture: Compound spirit of ammonia ℥i; croton oil 50 drops. With this liniment the nape of the neck and back part of the head were well rubbed for ten minutes. Shortly after she began to complain of pain, and frequently applied her hand to the part that was rubbed with the embrocation. I got her now to swallow a little arrowroot and brandy; afterwards she fell into the same dozing state for four hours, when she was again rubbed, and had some nourishment given her.

7 A.M. She seemed more sensible than I had seen her for the last two days; squinting continued, however, along with dilatation of the pupils. The pulse was 106, more full, and improving in strength. Two drachms of castor oil were ordered to be given in beef-tea, and the ammonia, etc., at intervals of four hours.

10 A.M. The bowels had acted well; the evacuations were copious, dark, and offensive.

2 P.M. The strabismus was gradually going off, and the eyes and countenance were assuming their natural appearance.

9 P.M. The pulse was 96, becoming stronger; she had had another alvine evacuation, neither so dark nor so offensive. She took the beef-tea readily. The brandy and ammonia were discontinued.

March 30th. She passed a good night; the squinting was completely gone; the features were more expanded, and the countenance was cheerful and lively; the tongue was very fiery; the appetite rather keen, and she was continually calling for bread. Two drachms of castor oil were given; and the beef-tea was continued. From this date my little patient, by strict attention to the bowels, and mild nutritious food, progressively improved, and was soon restored to her wonted health.

REMARKS. I could adduce many similar cases of this very singular morbid affection; but suffice it to say, that they were all subjected to the same treatment as the one now recorded, and attended with equal, though unlooked-for, success.

To the writings of Drs. Abercrombie, Marshall Hall, and Gooch, and the work of Drs. Evanson and Maunsell, I certainly feel much indebted for the knowledge I have obtained of this disease. The similitude of this affection to *hydrocephalus verus* is so great, and so strongly marked, that it may be very readily mistaken for, and treated as such by the general practitioner; and this is one of the chief reasons that induces me at present to direct attention to a subject which, there is reason to believe, is not very generally understood.

It is a fact which cannot be denied, and should ever be borne in mind, that there are diseases which, while they have a great resemblance to each other, arise from the most opposite causes; and it is not to be wondered at, therefore, that the brain should become affected in a manner so remarkably similar, from the two opposite states of overfulness and of deficiency of blood.

THE

NATURE & TREATMENT OF CANCER:

BEING THE

Address in Surgery

READ BEFORE THE TWENTY-FIFTH MEETING OF THE BRITISH MEDICAL ASSOCIATION,

Held at Nottingham, July 28th, 29th, and 30th, 1857.

By GEORGE SOUTHAM, Esq., F.R.C.S., Surgeon to the Manchester Royal Infirmary.

[*Concluded from page 7.*]

II. CIRCUMSTANCES WHICH MODIFY THE GROWTH AND DURATION OF CANCER.

WE have seen that there are three varieties of the disease, all identical in structure, but differing from each other according to the preponderance of one or other of the primary elements. In some instances the distinctions are well marked, and remain so during the course of the affection; in others, one form may run into the other, either from the commencement, or during any period of its progress. Generally, marked contamination of the system causes the local disease to assume the cerebriform variety, which may be regarded as the highest degree of malignancy, being the most rapid in its progress; and where it does not assume this form from the commencement, it usually presents itself to some extent in the advanced stages, either in connexion with the original growth, or, as a secondary deposit, in other parts. Fibrous cancer, on the other hand, may exist for years with an apparently healthy state of the system, being of slower growth, softening and becoming encephaloid only as the general infection of the system increases. From Mr. Paget's tables, it would appear that the average duration of life from the patient's first *observation* of the disease in cephaloma is rather more than two years, whilst in scirrhus it slightly exceeds four (*loc. cit.*, pp. 344, 406). We are not so familiar with the history of colloid, but it would seem to occupy an intermediate place between the two.

The degree of contamination of the system, then, frequently determines the character of the local disease; it also influences its growth, sometimes appearing for a time almost stationary in the earlier stages, but in its more advanced form increasing with great rapidity—a point of some importance in considering the advantages of extirpation which, though it may not prevent a relapse, may often postpone the fatal result.

Age has also its influence. Whilst scirrhus and colloid are rarely observed except in adults, cerebriform, though met with at all ages, is almost the only form peculiar to infancy and childhood. Certain periods of life are more liable to the disease than others, for it occurs more frequently between 40 and 50 than between 50 and 60 (Velpeau, *loc. cit.*, p. 435; Birkett, *Diseases of the Breast*, p. 218; Lever, *Med.-Chir. Trans.*, vol. xxii); and this remark is applicable to all the forms of cancer. Dr. Walshe has pointed out another important feature, viz., that the disposition to cancer increases with age. This he ascertained by comparing the number of deaths in proportion to the number of persons living, as given in the Registrar-General's tables, which show that "the mortality from cancer goes on steadily increasing with each successive decade until the eightieth year" (*Cancer: its Nature and Treatment*, 1846). Mr. Paget has arrived at the same conclusion by comparing "the ages at which cancers were first observed by the patients, or ascertained by their attendants" (*loc. cit.*, p. 545). Further, the progress of the disease is slower in the old than in the young, and often assumes the character of an acute affection in the latter, whilst in advanced age it is frequently as chronic. Indeed, a variety of scirrhus sometimes occurs in the breast of elderly females of extremely slow growth, attended only with a slight degree of pain, little disposed to ulcerate, but causing atrophy of the gland, hence termed atrophic cancer, which, if left to itself, will often extend over several years, or even during the patient's life, without causing much inconvenience or swelling of the neighbouring glands (see Appendix, Case I).

The seat of the disease is in some degree affected by age. During childhood it is usually met with in the eye, brain, extremities of bones, lymphatic system, and cellular membrane; in the middle period of life, say from 35 to 50, the uterus, mamma, testis, and skin, are its most frequent seat; next in order come the stomach, liver, and intestines. In old age, all tissues appear equally liable to its ravages.

But the structure and growth of the cancerous mass appear to be influenced more by the *situation and nature of the texture* in which it is originally deposited, than by any other circumstance, except perhaps the constitutional infection from which it has its origin.

As regards *situation*, we find scirrhus occurs in the mamma or its immediate vicinity in 95 cases out of 100; cephaloma is met with most frequently in the eye, testis, bone, and cellular tissue; and colloid in the abdominal viscera and peritoneum; whilst the modifications which each present may frequently be traced to the development and incorporation of new structures within them similar to those in which they are deposited. Thus, when cancerous material is found in or in the vicinity of bone, we usually find osteoid processes developed in it; when its seat is the liver, cells resembling hepatic epithelial cells are generally present in its structure; melanotic deposit is found in cancer of the eye; fat abounds in cancer of parts profusely supplied with this substance; and we have seen that epithelia occur in large quantity in cancer of the skin or mucous membranes. In each case, however, the new material is always more or less abnormal, the well known physiological law, by which new structures formed for the regeneration of lost parts invariably assume the characters of the neighbouring tissue, being still in operation, though in a less perfect degree than in health.

The seat of the disease very decidedly affects its growth. It may be stated as a general rule, that it progresses with the greatest rapidity in those parts where nutrition is the most active, as seen in cancer of the liver and kidney, sometimes running its course in those organs in a few weeks or months; whilst in the skin, bone, and cellular tissue, it often extends over several years.

From the tendency of the deposit to infiltrate itself, it is often difficult to watch the effects of *particular tissues* on its growth. There are some parts, however, where it may be observed. Take, for example, cancer of the rectum. Two very different forms of the disease are met with in this part; in one, it usually destroys life in two or three years; in the other, it will often continue for several. In the first, the disease affects from the commencement both the mucous membrane, submucous tissue, and adjacent structures; the morbid material is generally of the scirrhous character, producing the well known form of stricture peculiar to cancer of this part, and gradually closing the passage, unless ulceration ensues which for a time prolongs the life of the patient. In the other form, the disease at first appears to be limited to the mucous membrane, which, on examination, feels nodulated like the surface of a cauliflower—at first tolerably firm, hard, and moveable, but, as it increases and fills up the rectal cavity, becoming softer, and readily breaking down under the finger, being in structure not unlike the cauliflower excrescence of the uterus, or villous cancer, of which it may be regarded as an example. Provided the diseased mass breaks down or is removed, the patient may live for years. Eventually, however, the submucous tissue and surrounding parts become implicated, when the further progress of the disease is identical with that of ordinary scirrhus. In one instance which came under my care, the patient lived between eight and nine years from the first observation of the disease; and another is still living where it has existed at least for ten years (see Appendix, Case II).

Cancer of the breast affords another illustration. It is well known that the disease may originate in the gland, in the surrounding cellular tissue, or in the nipple and skin. Cancer commencing in the gland, I need scarcely remark, usually runs its course in a few years; but when the other parts form its original seat, its progress is much slower. In five cases of scirrhus occurring in females between 40 and 50 years of age, commencing in the cellular tissue at a sufficient distance from the mamma to show that it was not implicated (at least, not until the advanced stages), the average duration of life was rather more than seven years from the first detection of the disease. It is still more protracted when it originates in the nipple or skin. I have at present a patient with whom the disease commenced ten years ago as a hard tumour in the areola, with a thickened and brawny state of the surrounding integuments, both of which ultimately ulcerated. The bright florid colour of the skin which occasionally precedes its induration, and has given rise to the popular term of "rose cancer", is also present. The breast itself does not appear to be affected, except from

atrophy; and the affection has passed through its various stages so slowly that it is only within the last few months that the constitutional symptoms have presented themselves.

It would form an interesting subject of inquiry to ascertain the circumstances which lead the disease to attack particular localities. By some the fact is attributed to depressed nutrition of the part; by others, the morbid material in the blood is supposed to possess characters peculiar to each variety of the disease. To the latter of these views it may be objected, that all forms of the disease may be present in the same person, and even in the same tumour, which clearly shows that they must all have one common origin.

There are still one or two circumstances which influence the growth of cancer, to which I should refer. It sometimes happens that, owing to some improvement in the condition of the blood, the progressive increase of the disease is for a time suspended, or it may be temporarily superseded by the presence of another affection. Thus, the development of tubercle may arrest its progress; and, on the other hand, cancer may prevent the development of tubercle; consequently, it is not uncommon to find the remains of tubercles in the lungs of persons dying from cancer.

On some such principle, pregnancy sometimes arrests its progress. An unmarried female had a cancerous breast removed in her thirty-seventh year. She married in a few months afterwards, and during the next eight years had four children. Not the slightest indication of any return of the disease manifested itself until nine months after the birth of the last child: relapse then occurred, which terminated fatally in fourteen months (see Appendix, Case III). A similar case is recorded by Brodie. Writing in 1846, he says, "So long since as 1832, I removed a breast affected with scirrhus; and the lady is still in good health—at least, was so last year. Since the operation, she has married, and had children" (Brodie, *Path. Observations*, p. 200). And the patient to whom I have referred, with cancer of the nipple, has had several children during the ten years that the disease has existed. But, with these exceptions, the affection may be said to be constantly on the increase throughout its entire course; its progress, however, being almost invariably slower during the earlier than in the advanced stages. Taking the average duration of life from its commencement to its termination, in the breast, at four years (Sir A. Cooper's *Lectures*, p. 351), it will be nearly three in its growth, and from twelve to eighteen months in its decay.

III. TREATMENT OF CANCER.

We may, I think, conclude that, if recent investigations have failed to discover any specific sign by which carcinomatous may be distinguished from innocent growths, they have at least satisfactorily proved that cancer is from its commencement a disease of the entire system; though, beyond the development of the tumour, the indications of its being so may not present themselves until the more advanced stages. If, therefore, we are to hope to cure the malady, it must be by directing our remedies as much to the removal of the constitutional as of the local affection. And here the question arises, Is cancer curable?

If we can place any reliance on the statements of our most experienced surgeons, the reply must be in the affirmative. Such a favourable result is, however, regarded as of comparatively rare occurrence, and, when said to have taken place, some have suspected there must have been an error in the diagnosis; but there are cases of cure recorded by men of such undoubted veracity and experience, that we are scarcely justified in admitting such an inference. Sir Astley Cooper, who did not take a very favourable view of extirpation, considered that nine or ten out of the hundred cases of scirrhous mammæ he operated on were cured (Chelius' *System of Surgery*, by South, vol. ii, p. 796); and Brodie mentions three where the patients were in good health, one for fourteen, another for thirteen, and the third for six years after the operation (*loc. cit.*, p. 200). South removed one in 1836, and the person remained well in 1847 (South, *Chelius*, vol. ii, p. 796). A patient of mine is now in good health, where the morbid mass was extirpated in 1847; and Velpeau asserts that some of his are still living, whose cures date back so far as twenty-seven, twenty, fifteen, and ten years (Velpeau, *loc. cit.*, p. 22). But it may be said that these were not cases of cancer. I will, therefore, direct your attention to some less open to the objection, in which, though the disease returned after removal, the relapse did not take place for several years, the recovery being complete in the interval.

In the appendix to this essay, I have given the particulars of four (Appendix, Cases III, IV, V, and VI) cases which have come under my own notice, where there was complete recovery for nine, ten, nineteen, and twenty-two years, respectively. Callaway operated on a woman who was not destroyed by the disease for twenty-two years; Bransby Cooper, one where the patient remained well for eleven and a half years (Chelius' *Surgery*, vol. ii). Mr. Mitchell Henry and Mr. Shaw have recorded two cases occurring in the same family, where there was no relapse in one for ten, in the other for eleven years, although a strong hereditary predisposition existed to the disease (Velpeau *On the Breast;* and *Lancet*, 1856); and from Mr. Paget's tables it appears that, out of forty-one cases operated on, eight lived between four and six years, two between six and eight, and two between eight and twenty years (*loc. cit.*, vol. ii, p. 346).

We have still another class of cases bearing on this question, viz., those where the disease becomes latent, and remains so for a considerable period, although the tumour has not been removed. Sir A. Cooper testifies to its existence for more than seventeen and twenty-two years; and it is not unusual to meet with senile and atrophic cancers which have been stationary for ten or fifteen years (Appendix, Case I). These examples, which might be easily multiplied, it must be borne in mind, do not include any cases of epithelial cancer—the most favourable form of the disease for treatment—but embrace only instances of scirrhous mamma. They are, however, sufficient to prove—

1. That cancer is occasionally cured.
2. After the removal of the tumour, the progress of the disease may be so completely suspended as to leave the patient apparently free from it for several years.
3. The disease may become latent for a considerable period, even where the tumour has not been extirpated.

The unfavourable nature of cancer precludes us from expecting these results to be of very frequent occurrence. In the acute or highly malignant forms, they perhaps never take place; but in those of slower growth, and where some of the conditions which I have alluded to as retarding their progress are present, we may reasonably hope, by judicious treatment, sometimes to succeed, if not in eradicating the malady, at least in prolonging the patient's life, either by producing temporary freedom from it, or by rendering it for a time latent.

It is of the highest importance that the remedial measures to be resorted to should, if possible, resolve the local disease through the system. Accordingly, every remedy which has been found to exert any influence in causing the absorption of other abnormal deposits, has been tried, but hitherto little or no evidence of any benefit has been obtained. Instances are sometimes met with where the tumour has been removed by absorption, either spontaneously, or perhaps through the influence of treatment. They are, however, of such rare occurrence, that cancerous deposit is considered, under ordinary circumstances, not to be capable of undergoing absorption. Its removal can, therefore, only be effected either by the knife, by caustics, or by the ligature, with which may be included the newly discovered instrument, the *écraseur*. Even these means are regarded by many as of doubtful efficacy; and certainly, when they are undertaken without due discrimination, they do not appear to increase the chances of life, but rather to hasten a fatal termination.

In determining the influence which the removal of the local affection exerts over the constitutional elements of the disease, we are compelled to restrict our inquiries to the consideration of those cases where it has been extirpated by the knife, the information we possess concerning the other plans being too imperfect for the purpose. Numerous statistical tables have been prepared on this subject, and various results have been deduced from them. Their general tenour leads to the inference that the removal of the tumour very slightly, if at all, increases the duration of life. But, in the course of my investigations, I have had reason to doubt the accuracy of these conclusions, the data from which they have been taken not being sufficiently exact. My limits preclude me from entering fully into this subject; I will, therefore, only call your attention to the statistics of Dr. Macfarlane and Mr. Paget, these being the most frequently referred to, as proving the unfavourable nature of extirpation.

Dr. Macfarlane collected 118 cases of cancer of the breast, which had been extirpated with the knife. Of these, 86 were communicated to him through friends; the remaining 32 were cases in which he had operated himself. As the details of the 86 cases are very imperfect, I need not refer to them, but take his own 32 operations, which occurred in individuals whose

ages varied from 42 to 59 years, in all of whom the disease reappeared within three years, the mean period of relapse being something less than eight months and a week (*Med. Gazette*, vol. xxii, p. 417). Dr. Walshe, who is generally opposed to extirpation, in speaking of these operations, says they "were undertaken under the most favourable circumstances" (Walshe *On Cancer*); but, on reference to Dr. Macfarlane's essay, I find that, in 20 of the 32 cases, "the glands of the axilla were more or less affected"—conditions which would have deterred *many* surgeons from resorting to the operation at all.

Of 139 cases, records of which Mr. Paget made or collected, and watched to their conclusions, he found that, in 75 cases not operated on, the average duration of life from the first observation of the disease was forty-eight months; whilst, in the remaining 64 who submitted to operation, it was little more than fifty-two months, showing a slight advantage in favour of extirpation (*Lancet*, vol. lxx, p. 62). No details of these cases are given; but, from some remarks respecting the influence which enlarged axillary glands exert on the return of the disease, it appears that, of 30 operations, they were present in 10 (*Surgical Pathology*, vol. ii, p. 350). It may, therefore, be inferred that his tables include both favourable and unfavourable cases. I think, also, we may conclude that extirpation was undertaken in some of them merely to give temporary relief from the pain and offensive exhausting discharges which sometimes occur, rather than with any expectation of prolonging life for any lengthened period.

Amongst the records of upwards of 150 cases, almost all of which I had opportunities of examining, I have been enabled to select 42 of relapsed cancer. Any statistical table, however, prepared from them, in reference to the average period of relapse after extirpation, would be incomplete, because they do not include all the cases that have come under my notice, the records of several having been preserved on account of their possessing some features of interest; but they show that, under certain conditions, patients are decidedly benefited by extirpation. Taking the average duration of life from the first detection of the disease of those *not* operated on, at four years, I think it may be inferred that, if the patient remains in perfect health and free from any return of the growth for three years after operation, it has added to the duration of life. Twenty-five cases exceeded this period, 5 of which lived for ten, twelve, twenty-seven, forty-five, and fourteen years, respectively, after the removal of the tumour, the last mentioned being still alive. Symptoms indicative of the malignant cachexia do not appear to have been present in any of the 25 at the time of operation. Of the local signs, 5 had retraction of the nipple; but adhesion of the tumour to the skin or the deep seated structures, or enlarged glands, were absent in all. The morbid growth, which, as far as could be ascertained, was of the scirrhous form, was situated in the substance of the breast in 10; on its side, but connected with it, in 10; and at a short distance from it in 5. In none did the growth exceed that of an ordinary egg. In 15, the disease was removed within a few weeks of its discovery; in the remaining 10, which includes all the cases where the tumour was apparently unconnected with the breast, it had existed for periods varying from twelve months to five years. None of the patients seem to have noticed any rapid increase in the tumour immediately preceding the operation. Their ages varied from 37 to 56; and there was decided hereditary predisposition to the disease in 3; it was doubtful in 4. The entire gland was excised in 15 cases, a portion of it only in 5; in the remaining 5, it was not interfered with. As regards the 17 in which relapse took place within three years, 14 presented either local or general indications of an infected system, besides the existence of the tumour. They were absent in the remaining 3. The disease was said to have existed only a few weeks in 5; from six to twelve months in 7; and from one to four years in the rest. The tumour was increasing at the time of operation in 14; rapidly so in 6, 2 of these being cephaloma. It appears to have been stationary in 3 only. It was situated in the substance of the breast in 10; at its side, but connected with it, in 7. The entire breast was removed in 7 only.

There is still another argument in favour of extirpation, viz., that, when the local disease reappears, it is not generally attended with such formidable suffering as when left to pursue its own course; and occasionally, when recurrent cancers are removed, the second recurrences ensue more slowly than the first. Mr. Paget has recorded three examples, one in which the first recurrence was after twenty-four months, the second after sixty; another of first recurrence in twelve, and the second in eighty-four months; and a third of first recurrence in two, the second in twenty-four months (Paget, *loc. cit.*, p. 348).

It must, however, be admitted that, whilst the severity of the local malady is mitigated, the constitutional affection often becomes more marked; on the return of the disease, the growth pursuing its course in the advanced stage with great rapidity, doubtless on account of the system being more completely contaminated.

We may take it for granted, then, that the excision of the local tumour is decidedly advantageous in the general treatment of cancer. Before stating the circumstances which should guide us in adopting this course, it may be well to inquire if the other means are more effectual for the purpose.

Escharotics have long been used, especially for the removal of epithelial cancer; and occasionally with success, these affections being the most favourable for any plan of treatment, on account of their chronic character. Escharotics have, therefore, acquired considerable popularity with those who treat all the varieties of the disease on one principle, or whose want of surgical skill renders them incapable of using the knife. In some cases where excision cannot be resorted to with safety, their utility is acknowledged; but it is in cancer of deep seated structures, and in parts where we can make our election between the two different modes of treatment, that we have to determine the relative merits of each. Unfortunately, there are no reliable statistics which show the effects of caustics; those of Canquoin, who asserted that he cured 82 per cent. with the chloride of zinc, and of Landolfi, who professes to have cured 3000 out of 4000 cases with his paste, having been proved to be fallacious. Most hospital surgeons are opposed to their use, except in the cases already referred to; their objections being based on repeated trials both in public and private practice, and from witnessing their injurious effects in those who have been the unfortunate victims of some "celebrated cancer-curer". I have collected the particulars of seventeen cases taken indiscriminately, treated by these celebrities. Three only were temporarily cured, relapse taking place at the end of fourteen years in one, and in the twelfth and eighteenth month in the others. Of the remaining fourteen, two died from sloughing and hæmorrhage within a few weeks, and twelve were converted into permanently open sores.

Mr. Aston Key is said to have fairly tested the treatment in nearly twenty cases, all of which terminated with the same result as if the knife had been used; and Landolfi treated, before a French commission, nine cases, two of which died; in four, the disease was aggravated; and in three, cicatrisation took place, but the disease reappeared. Not one of the nine was cured. A committee was also appointed at Vienna, to watch the effects of his treatment; yet, in six cases selected by himself, "he only cured one; and that was an innocent tumour, a partial hypertrophy of the mamma, for which he destroyed the whole breast quite unnecessarily, and produced a large unsound cicatrix." (Spencer Wells, *Medical Times and Gazette*, July 1857.)*

Even if it could be shown that the two plans of removal were equally successful, when we consider that the tedious nature of the caustic process, its excessive and protracted pain, and in occult tumour the great probability of its conversion into a permanently open and offensive ulcer, which must necessarily exhaust the patient and hasten death, far counterbalance the immediate hazards of excision, which is dangerous only from hæmorrhage or erysipelas—events of rare occurrence, and which may even follow the caustic treatment—it appears that, in deep seated cancers, the advantages are decidedly in favour of the knife, especially as the patient may be made insensible to pain by the administration of chloroform.

* The practice of making free incisions into the tumour, and inserting caustics in the wounds, as originally adopted by Mr. Justamond, in 1780, and recently revived by Dr. Fell, is scarcely more satisfactory, as is shown by the following extract from the "Report of the Surgical Staff of the Middlesex Hospital of Cases treated by Dr. Fell in that Institution," and published since the delivery of this address. "With regard to the numerical results, hitherto observed, in respect to the aggravation and recurrence of the disease:—twenty-one of our cases appeared to have been adapted for the use of the knife; one of them was aggravated by the introduction of the paste.... In two of the cases, disease appeared behind the pectoral muscle, while still under treatment. The tumour was extirpated in ten patients; but in three of them cancerous tubercles formed in the adjoining skin; and a fourth has returned to the hospital after an absence of three months since the wound healed, with a fresh tumour in the substance of the breast. One of the patients was sent home for a few weeks, it being doubtful if any disease remained or not. The remainder are still under treatment" (page 45.)

It appears therefore that 13 only of the cases were completed, of which but 5 remained well at the end of the six months.

It is also stated that "the time occupied in the complete extirpation of a tumour by the incisions, is generally longer than when caustics are used in the ordinary way" (page 48); and the pain caused by the treatment is described as having been very severe in several of the reported cases.

But I need not further pursue the caustic treatment (Mr. Langston Parker having so ably discussed it in his address last year) beyond a passing allusion to the latest novelty in cancerous therapeutics, every year usually bringing to light some new specific for this affection. The most recent discovery is that of a root, the virtues of which have long been known to the "mystery man" of the North American Indians, by whom it is considered as a "sacred and great medicine"; and with just reason, for we are told that with it they effectually eradicate this distressing malady. But the blessings of civilisation, it seems, are not without their evils even in the action of remedies; for this remarkable drug, so powerful on man in his savage state, is almost innocuous in his civilised condition; for then it is necessary to call in the aid of a no less potent agent than the chloride of zinc, and this not in any infinitesimal quantity, the proportion being larger than that of the Indian specific itself. It is unnecessary, on such an occasion as this, to dwell at length on the subject; indeed, it would have been unworthy of notice, had not the medical staff of a metropolitan hospital in some measure sanctioned the remedy. Had these gentlemen used a little more caution, and first required proof of the superior powers of the vegetable, unaided by any other remedy, which its advocate asserts it possesses, but has not yet substantiated, they would not have placed themselves in the unenviable position of having had to witness the trial of a nostrum for six months which had no new remedial properties.

But, if we cannot chronicle any advance in medical therapeutics, the surgeon has been provided with an instrument through the ingenuity of M. Chassaignac, termed the *écraseur*, by which in a few minutes are removed tumours that formerly required either the ligature or the still more tedious and painful application of escharotics. In cancer of the tongue, it will probably supersede all other plans; and where the diseased growth is highly vascular, or occurs in weak and debilitated persons, where the loss of a few ounces of blood is of serious moment, it will be found equally beneficial.

Nor must I omit to mention the application of ice and salt, for the production of extreme cold, which, when used for the relief of pain produced by caustics, will be found a valuable addition to surgical therapeutics.

It is scarcely necessary to allude to pressure, which was at one time recommended for the dispersion of the local tumour, the beneficial results which its advocates anticipated from it not having been realised.

As regards, then, operative interference in the treatment of cancer, we are justified, I think, in drawing the following conclusions:—

1. Combined with constitutional treatment, it may be undertaken with the prospect of curing the patient, or of temporarily arresting the disease, when the tumour is of recent formation or of slow growth, and of moderate size, but moveable and easily defined; where the symptoms of general infection of the system have not developed themselves, and pain is absent or only slight. Where these conditions exist, the influence which the age of the patient, the character and seat of the deposit, and the extent of inherited liability to the disease, may exert on its duration, must also be considered.

2. Under less favourable circumstances, it may be resorted to as a palliative, either as a primary or secondary operation, to give temporary relief from severe pain, or from exhausting sanious and offensive discharges, or from mental suffering, or from hæmorrhage which may be attended with risk to life.

3. All operative interference is inadmissible for curative purposes where the tumour is of rapid growth, or, having been almost stationary for years, has suddenly become active; where it is adherent to the skin or neighbouring structures; where there is glandular enlargement, or secondary deposit of any kind; where there is marked cachexia, sallow countenance, and severe pain; or where the patient is advanced in life, and the affection of the atrophic or senile form; inasmuch as it cannot be undertaken without imminent fear of aggravating the disease. It is still more objectionable where the growth is so large as to render extirpation dangerous, either from the extent of wound, or from its encroachment on important organs, cavities, or vessels.

4. As regards the mode of removal, excision is the least painful, and should be adopted in all cases where it is practicable, especially in deep seated occult cancers. Escharotics are preferable in epithelial growths, where the knife cannot be safely used; and also in ulcerated cancers of an extensive and superficial character. The *écraseur* or ligature is chiefly applicable to cancer of the tongue, to highly vascular growths, or where the disease occurs in persons whose vital powers are so enfeebled that the loss of a small quantity of blood would endanger life or retard recovery.

5. Whatever plan is selected, it is essential to success that, besides the growth itself, a considerable portion of the surrounding apparently healthy structures must be removed; and any gland, bone, or organ, containing the disease, should, if practicable, be completely extirpated.

6. If any of these operative procedures are insufficient alone, they may with advantage be sometimes combined.

But the removal of the local affection will be of little avail, apart from a well directed plan of constitutional treatment. I need not dwell on the numerous remedies which have at different times been recommended, all having hitherto failed. Indeed, considering that we have to contend with an altered condition of the blood and an impaired state of the constitutional and vital powers, it does not seem likely that its specific will ever be met with in any particular drug; these conditions naturally suggesting that it will more probably be found in such a system of treatment as will embrace the judicious combination of medical with dietetic and hygienic means.

Accordingly, the preparations of iron, iodine, arsenic, and sarsaparilla, either alone or combined, according to the peculiarities of the case, and administered at intervals of three or four months duration, the constant use of a highly nutritious non-stimulating diet, with a moderate allowance of light wine, such as claret and hock; frequent change of air, sometimes to the seaside, at another to mineral springs; and attention to the secretions and excretions of the body,—seem to be the measures best adapted to check the progress of the disease. Not only does this course of treatment promote the processes of sanguification and nutrition, but it diverts the patient's attention from the complaint, which, it is well known, materially influences its progress.

Did time permit, I could relate several instances where a steady perseverance in the constitutional plan of treatment thus briefly sketched has enabled patients to live in comparative comfort for several years; and, when combined with the judicious removal of the local disease, I believe we may occasionally succeed either in completely eradicating the complaint, or in giving to the patient such an interval of health and hope as will soothe the gloomy path of life through which those suffering from cancer are usually doomed to pass.

In conclusion, if I have questioned the propriety of admitting as established some of the views recently promulgated respecting this formidable malady, I am far from denying that the investigations now in progress are likely to lead to satisfactory results. We are manifestly on the eve of some valuable discovery respecting the nature and treatment of morbid growths generally, but we may fail in our object by seeking to establish facts from imperfect data. The old maxim, *Festina lentè*, appears peculiarly applicable to discoveries in practical medicine; for, unlike the exact sciences, it is so mixed up with doubt and perplexity that it almost lacks the accuracy necessary to give it the hoped for precision. When, therefore, statements are advanced at variance with those fundamental principles of observation and experience which our ancestors have laid down, both the old and new facts should be submitted to the most rigid investigation; for, whilst any discrepancy exists, there must be inaccuracy in either one or the other. By this course we shall protect ourselves from broaching doctrines which might possibly lead to confusion; at the same time, we shall be retesting the accuracy of those which have hitherto been our guides in the treatment of that particular disease to which I have this day directed your attention.

APPENDIX.

CASE I. *Atrophic Cancer of Breast.* Mary H., aged 60, married, had no children, was admitted into the Manchester Royal Infirmary, July 1857, under the care of Mr. Ransome. Sixteen years ago she perceived a hard tumour, about the size of a small marble, in the left breast; it increased in size, but so slowly that, ten or eleven years after its first appearance, it was not larger than an ordinary sized walnut. She now noticed that the nipple was drawn in, and that the substance of the breast had diminished in size. This decrease has continued, and no vestige of it now remains, the side of the chest being perfectly flat. The appearance is peculiar. A red surface, resembling a cicatrix, with a few superficial ulcerated patches of small size, occupies the site of the breast. In the centre, the remains of the nipple can be seen, in the form of a small red tubercle, of about the size of a pea. Several fissures radiate from it over the surface,

which is more or less puckered. Some indurated glands can be felt in the axilla; and the left arm is œdematous and painful, which is the chief cause of the present discomfort.

From the period she first perceived the disease, has had pain in the part at intervals; and, until within the last few years, she has enjoyed good health. No treatment, beyond the application of plaisters to relieve the pain, has been adopted.

The catamenia ceased at 48; and she has only noticed progressive loss of flesh and strength during the last two years.

CASE II. *Epithelial Cancer of Rectum, of twelve years duration, treated by Escharotics.* Mrs. P., aged 35, married, having had two children, came under my care in 1847. She had been suffering from an affection of the rectum for upwards of twelve months, which caused a burning sensation in the part, pain in defæcation, and the discharge at intervals of blood and pus. On examination, there was nothing unnatural about the anus; but, on introducing the finger into the rectum, its cavity was found to be distended by a cauliflower-like excrescence, which appeared to spring principally from the posterior surface. It was very friable, readily breaking down under the pressure of the finger. There were also several irregular indurations in other parts of the rectum. The disease did not appear to extend to the surrounding parts, the rectum being to a certain extent movable. There was a fulness in the left iliac region, which disappeared after the bowels had been freely emptied by purgatives. As the excrescence could be readily broken down with the finger, it was removed several times, which gave considerable relief to her sufferings. But, the induration increasing, and threatening to permanently obstruct the bowel, some caustic potash was applied to its surface, by means of an instrument I had constructed for the purpose,* which caused portions of it to slough and keep the passage free. This operation has been repeated at intervals ever since, and has afforded considerable relief.

Though the disease has existed for twelve years, the patient is still able to attend to her household duties, her general health not having suffered much from the complaint. The medical treatment has consisted in the administration of the iodide of iron at intervals for two or three months at a time, the occasional use of morphine to relieve pain, the regular administration of mild purgatives, and attention to diet, which has been composed of light non-stimulating nutritious food.

CASE III. *Scirrhus of Breast: Extirpation: No Return of the Disease for nine years.* Ann W., aged 37 years, was admitted into the Manchester Royal Infirmary in 1836, suffering from a tumour of the left breast, which she had only noticed a few weeks previously. It was hard, of about the size of a small orange, and situated in the substance of the organ, to the right of the nipple, which was slightly retracted. The breast was movable, and the tumour free from adhesions to the skin. The entire breast was excised by the late Mr. Ransome, and a section of it showed that the growth had the usual appearances of scirrhus. The patient recovered in a few weeks from the operation, and married about eight months afterwards. During the next eight years, she enjoyed excellent health, and had four children, all of which she nursed. About nine months after the birth of the last child, the disease reappeared in the cicatrix, and caused death in about fourteen months.

CASE IV. *Scirrhus of Breast: Extirpated: No Return of Disease for upwards of ten years.* John Leigh, aged 62, was admitted into the Manchester Royal Infirmary in 1855. Twelve years previously, he had been a patient of the institution for a tumour of the left mamma, which was removed by Mr. Robert Thorpe. The disease was situated below the nipple, about the size of a hen's egg, movable, but not painful. After removal, it was found to present the usual appearances of scirrhus. He continued in good health until within the last six or nine months. He has now a large fungoid growth, hard at its base, but movable; it is painful, and appears to be rapidly enlarging, not having noticed it before the last six months, when it first appeared as a hard tubercle in the cicatrix. Within the last few months he has lost flesh, and his countenance is becoming sallow.

The growth was removed, but the disease reappeared before cicatrisation was complete.

CASE V. *Scirrhus of Breast: Extirpated: No Return of Disease for nineteen years.* Miss T., unmarried, in the year 1832 first noticed a tumour in the left breast, for which she placed herself under the care of Mr. Thorpe and Mr. Ainsworth, surgeons to the Royal Infirmary. They recommended its removal, to which she submitted about six months after having first detected it. The entire breast was extirpated; and, on examination, the tumour was found to be about the size of a small hen's egg, embedded in the substance of the breast. Mr. Thorpe informed me that it presented all the characters of scirrhus. At the time of the operation, she was in her thirty-eighth year, and in good health. She had suffered no inconvenience from the tumour, but it had caused slight retraction of the nipple. There was no return of the disease for nineteen years, when a number of small tumours began to appear in different parts of the body. She first perceived them in the cicatrix and its vicinity. She came under my care about twelve months after their appearance, when they had extended over the body. Some were situated in the skin, others in the cellular tissue. They varied in size from that of a millet-seed to a large filbert. They were hard, and those in the skin were similar to the tubercles often met with in connexion with recurrent cancer of the breast. Some ulcerated, the edges of the ulcers being hard and indurated. With their appearance, her general health began to decline; and she died very much emaciated, in her sixty-second year. She was continually under medical treatment during the last five years of her life, and appeared to derive benefit from the occasional use of the iodides of arsenic and iron, combined with generous diet and frequent change of air.

No *post mortem* examination was permitted, beyond the removal of a few of the tumours. On examination, they presented the ordinary characters of scirrhus, cancerous juice exuding from them on pressure, which, under the microscope, appeared to consist principally of tessellated scales and cells similar to those found in epithelial cancer. Two of the larger tumours, situated in the cellular tissue, contained some cerebriform matter, in which nucleated cells were discovered.

CASE VI. *Scirrhus of Breast: Extirpated: No Return of the Disease for twenty-two years.* Mrs. C., married, had no children, first noticed the disease when in her fortieth year. The tumour was situated in the substance of the breast, on the outside of the nipple, and a short distance from it. It was about the size of a small hen's egg, movable, and free from pain. A few weeks after its discovery, the tumour, with the half of the breast in which it was situated, was extirpated by Drs. Hull and Wood, of Manchester, the nipple being left. The wound healed in a few weeks, and she remained free from any return of the disease for upwards of twenty years. About twenty-three years after the operation, her maid discovered a dimple in the breast, near to the nipple. The parts surrounding it were hard, but only over a small space. The hardness gradually increased; at length the nipple began to retract. No material change took place for about four years. A tubercle then appeared on the surface of the dimple; and the surrounding skin contracted, giving to the part the appearance of a cicatrix. The tumour now became adherent to the deep seated parts; and at times she had severe paroxysms of pain in it, to relieve which anodyne plaisters were frequently applied. The disease remained stationary until about her seventy-fifth year, when the tubercle began to ulcerate. The ulcerative process was extremely slow, the part not requiring the dressings to be changed oftener than once a week for a considerable period. As the ulceration extended, the breast became harder, and the discharge greater; but still the dressings were not changed oftener than every second or third day, until the last two years of her life; it then required dressing daily, the ulceration having extended to the size of the palm of the hand. The sore, the edges of which were much indurated, now occasionally bled; but the hæmorrhage was easily checked by lint and pressure. The countenance only exhibited the usual appearances of the cancerous cachexia during the three or four years which preceded her death, which took place in her eighty-fifth year, in 1850.

The constitutional treatment consisted in the use of a generous diet, with a moderate allowance of wine; and medicine was only administered when the secretions became disordered. She travelled during several months in the year, and every means which could divert her mind from the disease were resorted to. I only saw her occasionally during the last few years of her life; but the late Messrs. Wilson and Barker, of Manchester, who attended her for several years, informed me that Drs. Hull and Wood entertained no doubt of the original tumour being cancerous.

* This *porte caustique* was made by Messrs. Wood, surgical instrument makers, of Manchester; and is so constructed that potassa fusa may be applied to morbid growths in the rectum, vagina, or throat, without injury to the surrounding healthy structures.

Periscope.

OPHTHALMOLOGY.

A FORM OF DEFECTIVE VISION OBSERVED IN SAILORS.

DR. HIBBERT TAYLOR of Liverpool has frequently observed a certain form of defective vision in sailors. It appears to be in some measure peculiar to that class, and may perhaps be accounted for, in part at least, by their habit of frequently straining their eyes in endeavouring to make out distant and indistinct objects.

CASE I. John Jones, aged 37, short, of slight figure and healthy appearance, had the irides of a greyish blue colour, and the pupils of medium size; their combined movements were free and extensive, but the independent movements of either were very limited. He read a moderately large type easily with either eye, and, with a double convex lens of thirty-six inches focus, he was able to read a small type also. He saw rather better with the right eye than with the left. There was an opaline tinted reflection visible on looking into each pupil. Nine months ago he observed that he could not see to read so well by candle-light as formerly; and four months ago he began to remark that he was unable to distinguish lights on shore, from ship-board, so readily as before. He thought that vision had continued to decline since. There was no pain in the eyes or head. On coming upon deck during the night, he observed an appearance as of white coloured sparks before the eyes; but he had not remarked this during the day. On looking at a lighted candle, it appeared as if encircled by a halo of prismatic colours. He was dazzled by sunshine, and saw best in an obscure light. He had been twenty years at sea, and during four years of this period in a hot climate, but that was eleven years ago. He had always enjoyed excellent health, and had never been addicted to strong drink.

CASE II. John Oliver, aged 48, medium height, stout configuration, sanguineo-lymphatic temperament; eyes rather deep set; irides brown; pupils of medium size and regular, the right slightly larger than the left, combined and independent movements, tolerably free and extensive; an opaline tint was visible on looking into each pupil. He was able to read a moderately large type with either eye, but thought that he saw more clearly with the left eye than with the right; he was also able to make out a small type with a little difficulty, and with both eyes. His general health was stated to be good. He said that vision had been failing gradually during the last five or six years, but had not got worse for six months past. He had had photopsia in the form of sparks; what he termed "glimmerings", and an appearance as of balls of fire, occasionally during the last three or four years. These symptoms were easily induced by unusual exertion. All objects appeared to him as if seen through a mist. Since vision began to fail, he had been subject to occasional dull pains in the eyes and head. He had been nearly forty years at sea, and was formerly much addicted to the use of ardent spirits, but not for five or six years past. He said that he was unable to distinguish the lights at sea as formerly, and was generally a minute later than his comrades in making them out.

CASE III. Martin Walsh, aged 23, rather tall and stout, weather-beaten in appearance, and of sanguineo-lymphatic temperament, read a small type easily with either eye, and at the usual distance. Two years ago, while in China, he observed that his vision was becoming defective; he was led to notice it from his inability to make out lights at a distance so soon as others, having been formerly remarkably quick in distinguishing them. His sight declined still further, but he had not remarked much change during the last six months. He had been eleven years at sea, and a good deal in hot climates, and exposed to the heat of the sun. He had remarked that his vision was worse while in the tropics. He said that he had not been in the habit of drinking to excess. His general health was stated to be good.

CASE IV. A sailor upon the Mersey, aged 28, was able to read a small type with either eye, but could not distinguish the letters of sign-boards on the other side of the street. With double concave lenses, however, of different focus for each eye, he was able to make them out. The affection was stated to be of several months duration, and had not lately increased. He had been subject to attacks of frontal headache occasionally during two or three years; and, about a year before Dr. Taylor saw him, the pain was especially severe, continuing, with intermissions, for several weeks.

CASE V. The subject, aged 23, read with ease a small type with either eye, but was unable to make out sign-boards across the street, unless the letters were very large. At sea he could not distinguish the lights of ships at a distance, and found that others made them out long before they became visible to him. He complained also of dark muscæ before his eyes, which had been observed during three years, and were increasing in numbers. An exertion of the eye, as in reading, augmented their number, and also the intensity of their colour, so that they became visible upon the paper. How long this affection of sight had lasted is not mentioned in my notes of the case, but it had evidently not been its normal condition, as it is stated that he had been similarly affected, though in less degree, before going to sea at all.

CASE VI. A man, aged 31, read a small type on holding it within a few inches of the eyes, and with double concave lenses of moderate power he read the same type at the ordinary distance, but he was unable to make out the sign-boards on the opposite side of the street. He had observed muscæ of dark colours and filamentous figure before both eyes, but especially the left, during six years. He was unable, when on board ship, to read the points of the compass, unless it was very near him; and said they appeared double. He had difficulty in distinguishing lights at sea, and said that others could make out distant vessels a long while before he could see them. He thought that his sight had declined within the last year, and that the muscæ had become more numerous. He had been twenty-three years at sea, and frequently in the tropics, but not for any length of time: his health had always been good, and he had not been given to any excess.

Other similar cases have come under Dr. Taylor's notice at different times, all of them presenting characters nearly analogous, and in a greater or less degree of development.

REMARKS. Wherein do these cases differ from those of ordinary amaurosis? In ordinary dimness of vision, to which the term amaurosis is applicable, the imperfection extends more or less to all objects, whether near or distant; they are seen as if enveloped in a mist which cannot be dissipated by the use of any artificial aids. In the cases above narrated, however, it will be remarked that in five instances out of the six individuals were able to read even small type with tolerable ease, while the sixth was enabled to do so by the aid of a convex lens. In all these instances the imperfection mainly complained of, was an inability to distinguish distant objects, and that not from any original or congenital defect of sight, as in those who are naturally myopic, but from a condition of the eye, which had developed itself spontaneously during periods varying from some months to five or six years.

The inference deduced was to the effect, that this imperfection in sight was to be ascribed in part, if not mainly, to the habits of life of the persons so affected. The protracted exercise to which the eye is subjected in sailors, often accompanied with a sustained and somewhat painful effort, especially in looking out at night, and endeavouring to distinguish distant and obscure objects, seemed to furnish a natural and sufficient cause for this deterioration of sight. Upon what particular change in the structure of the eye, or in the mechanism of the delicate optical apparatus contained within it, this defect is dependent, Dr. Taylor does not undertake to decide; but judging from the improvement in the perception of near objects which occurred in two of the cases on the use of suitable lenses, he is induced to attribute this imperfect vision of things at a distance to a loss of the power of *accommodation* in the eye.

Acting upon this view of the nature of the affection just stated, Dr. Taylor generally recommended the use of glasses, a proposal which was as generally declined; for it seemed to be considered that a sailor in spectacles on board ship, would indeed be a *rara avis*, an object of ridicule to his comrades, and one of distrust to his employers.

With regard to the prognosis of such cases, the opportunities for watching them during any lengthened period have been too slight and imperfect to warrant any decided opinion; so far, however, they have remained nearly stationary. Under the continued influence of the original exciting cause, the sight might be expected still further to decline; and on the other hand, if placed in more favourable circumstances, it is possible, but not very probable, that the eye might recover its tone, and the perception of distant objects be improved. (*Liverpool Medico-Chirurgical Journal*, January 1858.)

DIPHTHERITIC OPHTHALMIA.

This is an affection almost unknown in France; nor is there any mention made of it, either in ancient or modern French treatises on diseases of the eye. In Germany, however, much has been published regarding it; and, from the nature of its progress—from its severity, and its special characters, it is a malady deserving a place in our nosological tables. M. Gibert, of Geneva, whose service as "interne" in the hospital of St. Eugenie afforded him an opportunity of observing the disease, gives a description of it; and from his remarks we subjoin the following particulars:—

Diphtheritis of the mucous membrane of the eye is as general as that occurring in the larynx. In 1846 and 1847, M. Chassaignac described a purulent ophthalmia, which was accompanied by the formation of false membrane; this, however, is quite a different affection, bearing the same relation to the diphtheritis of the eye which ulcero-membranous stomatitis does to true diphtheritic stomatitis. In ocular diphtheritis, the mucous membrane is dry, of a pale grey colour, and never, during the whole period of the formation of false membranes, exhibits the granulations characteristic of purulent conjunctivitis. In the first case the circulation is almost completely interrupted, while in purulent ophthalmia the mucous membrane is highly vascular, and the circulation active. According to Gräfe, a characteristic sign of diphtheritis is, that on account of a more marked condition of stasis, the mucous membrane contains less blood serviceable for the purposes of circulation; moreover, in purulent ophthalmia, at first a lemon-coloured secretion takes place, which quickly becomes turbid and purulent; in diphtheritis, there is at the first no secretion, the eye being completely dry; at a latter period, a liquid of a dirty grey colour oozes away, composed, says Gräfe, of tears, epithelial scales, and some colouring matter of the blood.

The symptoms are: redness of the eyelids; a degree of swelling, frequently to an extent unusual in eye diseases; an amount of hardness of the eyelid, which, upon being felt, imparts a sensation of some solid exudation; a feeling of heat, often insufferable, and considerably greater than occurs in purulent ophthalmia; and pain, sometimes slight, at other times acute.

The false membrane, on being detached, may correspond in form to the eyelid, and sometimes even to the entire conjunctiva; it is extremely adherent, a circumstance in which it differs from the false membranes described by M. Chassaignac. Underneath it, the mucous membrane is yellowish, smooth, and glistening; the vessels are filled with coagulated blood, and are scarcely discernible.

Three stages in the complaint may be observed: in the first, the false membrane is formed: in the second, it is detached: in the third, there is a contraction of the tissues, sometimes with incurvation of the conjunctiva—a state which of itself is sufficient to distinguish this disease from purulent diphtheritic ophthalmia, where it never occurs.

The cornea becomes opaque, occasionally with remarkable rapidity; it may become ulcerated, softened, or even perforated. These lesions are very serious, and the more so, accordingly, as they are earlier in making their appearance. This consideration is of much importance in our prognosis; indeed, Gräfe lays it down, that if the first stage is in active progress when the cornea is attacked, and no hope is left us of reaction commencing, the eye may be considered as irrevocably lost. The prognosis must also depend upon two other circumstances; viz., the state of the general health, which, in most cases, determines the local affection; and, again, the characters of the disease in the eye, which, in its turn, sometimes becomes so serious as, in a few cases, to lead to a fatal result.

The severity of an epidemic must also influence the prognosis of the disease, since, as in laryngeal diphtheritis, this disorder likewise assumes an epidemic form. It has never been observed before the age of one year; purulent ophthalmia, on the other hand, being common in newly born children. It frequently supervenes during the course of another disease, such as measles, hooping-cough, disordered dentition, etc.

With regard to treatment, Gräfe disapproves of caustic applications, as only adding to the severity of the disease, to the "stasis" already existing, by their acting in a manner much like the malady itself; and states that this method of treatment leads to very different results in ocular diphtheritis, from those it produces in other pseudo-membranous affections. He recommends, 1st, The application of leeches to the root of the nose, "*la racine du nez*," so as to procure a continual flow of blood; and, 2nd, The application of ice, which allays both the excessive heat and pain; but which must be suspended as soon as the period of resolution begins to manifest itself. Along with these means mercurial preparations, internally and externally, are employed. Besides, care must be taken to keep the diseased eye clean, and to keep the healthy eye shut, as a precautionary measure. Gräfe has seen in adults a gangrenous form of ophthalmia making its appearance, which he considers an additional proof of the special nature of the malady just described. (*Archives Gén. de Méd.*, September, 1857, and *Edinburgh Medical Journal*, November, 1857.)

DISPLACEMENT OF THE CRYSTALLINE LENS.

At the meeting of the Belfast Clinical and Pathological Society on December 5, 1857, Mr. Browne exhibited a patient suffering from a peculiar displacement of the crystalline lens of the left eye.

The man was a nailer, aged 55 years, who, when a child, lost the sight of the right eye by the stab of a penknife. He had enjoyed good vision in the left eye till within eighteen months, at which time sight began to decline gradually, till it became extinguished completely, save the appreciation of the difference between light and darkness. When Mr. Browne first saw the case, the left eye presented the usual features of cataract, the pupil being undilated; dilatation, however, exhibited the opaque lens, drawn, as it were, to the inner side of the pupil, leaving a small space to the outer side, through which tolerable vision was obtained. The lens was evidently displaced from its bed in the vitreous humour, probably from disorganisation of that body, and partial destruction of the ciliary processes. It was tremulous, and held *in situ* by the attachment of some few of the inner ciliary processes, while its outer edge projected into the pupil. Mr. Browne considered the lesion to depend on disease of the hyaloid membrane, and that the disorganisation of the vitreous body was not the result of *sympathetic* ophthalmia; he proposed to puncture the lens with a fine needle, and when partial absorption had taken place, to extract the nucleus. (*Dublin Hospital Gazette*, January 1.)

British Medical Journal.

SATURDAY, JANUARY 9th, 1858.

MEDICAL FEES AND LIFE-ASSURANCE] OFFICES.

The signs of the constant but protracted struggle going on between the Medical Profession and Life Assurance Companies are frequently presenting themselves to our notice. In the *Visiting List* for 1858, published by Smith and Co., of Long Acre, we observe that a form of letter, to be returned to Insurance Offices which trouble medical men without a fee, is offered to the profession at the price of common note-paper. Mr. Haden, who edits the *Visiting List*, has for many years endeavoured to serve the profession in this important matter, by printing a list of those offices which profess to pay medical fees. In 1856, this table was omitted, with the significant but truthful remark, that "So many of the insurance offices which profess to pay medical fees repudiate the obligation when applied to, that we have been obliged to refuse admission to the whole list." The proposal made by Mr. Haden in the present year's *Visiting List*, is in many respects a valuable one. Medical men in various localities have often combined together to sign a declaration that they would in no case furnish a report without receiving a fee. If, however, a general letter could be determined on for the purpose proposed, it would have a much wider and more effective action on the non-paying and the under-paying offices, than any other mode of proceeding which occurs to us. It would have all the effect of that union and concert which is the great strength of

classes and communities. So far, the proposition is well deserving of the attention of the profession. The following is the letter in question:—

"GENTLEMEN,—If the certificate you apply for is necessary to the safe conduct of your business, allow me to say that there is no propriety in your seeking to obtain it gratuitously.

"You persist in doing this. I must, therefore, persist in courteously declining to furnish you with the certificate you require. And, since some of the soundest offices in London are ready to treat with my patient on proper and satisfactory terms, you will observe that the course I take can in no way prejudice his interests.

"Permit me to remind you that, in these cases, the service rendered is sought by the Insurance Office. The fee for it is, therefore, due from the office; and this fee, I consider, should be allowed to accompany the original application, so that the medical referee may never be placed in the position of having to ask for it. Its transmission should be in the shape of a draft, returnable if no opinion were given; and its amount should have no reference to the sum assured. A guinea is a proper fee for such a service.

"In short, the transaction, as it ought to be conducted, is a very simple and regular one; and, until it is so conducted, the private medical practitioner will have no choice than to regard all such communications from Insurance Offices in the light of an intrusion and a nuisance—tending to embroil him with his patient—and no alternative than to treat them accordingly.

"I have the honour to be, Gentlemen,

"Your obedient servant,

"To the Directors of ————."

As the author of the note states that any "suggestions for improvement on this form will be gladly received and considered", we shall take the liberty of offering a few comments upon some of its propositions.

We are afraid the offices referred to as willing to treat the question of medical fees on "proper and satisfactory terms", are too much like angels' visits, "few and far between". Insurance Offices are very fond of sending their annual reports to medical men, well knowing the power of the profession to extend the blessings of life assurance; although, with the inveteracy of prejudice and long habit, they refuse to pay honestly for the services required. If medical men will look, as we have frequently done, carefully into such documents, they will find the item of "medical fees" a very insignificant one, even in offices promising to pay liberally for professional reports. Directors, auditors, agents, proprietors, actuaries, and clerks, figure very handsomely; while the sum set down for fees is so small as to prove the most manifest injustice on the part of many of such offices. It would almost seem as though an inborn and ineradicable antipathy existed between the life assurance actuary and the medical man.

We are not of opinion that the fee should have no reference to the amount assured, or that the proper fee in all cases is one guinea. The scale adopted by the New Equitable, for instance, is half a guinea when the assurance is under £50, a guinea when it is between £50 and £500, and two guineas for £500 and upwards. It is a great object to promote as far as possible the habit of life assurance among the poor; and it would be a great burden to such policies if the fees payable on small sums, such as £20, were a guinea. The amount of the fee would tend greatly to the discouragement of small policies. On the other hand, there is every reason for claiming a liberal fee when the policy is a large one. Everywhere, in the practice of our profession, the principle of payment in some degree according to the wealth of the patient, obtains. In the case of a policy for a large amount, we do not, however, consider that two guineas is intrinsically too large a fee. The practice of life assurance has grown to what it is from small beginnings; but, if it could have been supposed to have started at once in its present proportions, we do not think the medical reports, which form the essential bases of thousands of policies, varying in value from £500 to £50,000, connected with the settlements of families and the security of estates, would be considered as worth less than two guineas. If a medical man makes an examination of a body, and gives evidence at an inquest, the fee is two guineas. If he attends to give evidence in a criminal trial or a suit at law, he receives the same. If summoned to the House of Lords or a commission of lunacy, five guineas is the usual fee. In any of these cases, he may be detained a few minutes only, or he may be occupied for some hours. We consider that preparing a report for a life office should be compared to the services we have here alluded to, and paid according to the same rate.

Formerly, the questions asked by insurance offices were few and unimportant. Now, some of those which treat medical men most illiberally give them a string of questions, embracing all that relates to the hereditary tendencies of the assurer, and the past, present, and probable future health, of nearly every organ in the body. Almost all require the chest to be examined, and some even demand an examination of the urine. The medical attendant has now always to pay a visit to his patient, and to give some account of every illness or ailment the patient has ever had. If any occasion occurs, he is troubled with a correspondence, and a renewed examination. If he should give any information tending to lead to rejection of the life, or the addition of an extra rate of premium, he may become embroiled with his patient, and lose a valuable connection. If, on the other hand, any facts should be withheld, and should come to the knowledge of the insurance offices, the policy is disputed, and the medical attendant may be called upon in a court of justice to give evidence against the interests of himself and his patients. On these and other grounds, we do not, then, consider the rate of payment offered by the New Equitable more than is the due of the professional man, and we think it ought to be demanded of all life offices. It must be remembered that the whole of the modern system of life assurance is founded upon the information gratuitously furnished to the Registrar-General by medical men, in the certificates of death.

THE WEEK.

DR. SANGRADO has migrated from Spain to Naples, and flourishes there in a manner which must convince Dr. Markham that the Blood-letting Controversy has not even reached the ears of that charming capital. The correspondent of the *Times* informs us that no fewer than 30,000 Neapolitans have been lately bled. For what? asks the astonished reader. Is there an epidemic of pneumonia? Are all the people grown apoplectic? Has political excitement driven the blood to the Neapolitan head? Nothing of the kind: the Neapolitan subjects of King Bomba have been bled for—the earthquake! Blood-letting, it appears, is the invariable specific there for any kind of fright; and the rocking of walls in this Southern Paradise was immediately followed by the extraction, from gentle and simple, of 30,000 pints of blood! Here is a new fact to be considered in the blood-letting controversy. It is clear that we

have looked too deeply for the causes which led medical men to bleed in the last, and during the beginning of the present century. We imagine that they bled for some profoundly scientific reason; and are perhaps too easily led to conclude that, because we do not bleed now, it is because we cannot, on account of the change of type in disease. The Neapolitans have heard nothing of this profound discussion; and yet they bleed by wholesale, apparently without bad results. But it will perhaps be said that there the type of disease has not changed, and that the people retain their ancient physical as well as political constitution. This may be; but we cannot help suspecting that our fathers bled, as the barbers of Naples now bleed, because it was the fashion to do so. Without doubt, the intelligent physicians of that favourite capital, the resort of invalids from all parts of Europe, know as well as Dr. Watson does how absurd such a fashion is; but it must be remembered, that it is only the few who rise superior to the prejudices of the age. If we bear this truth in mind, we shall perhaps be able to account for the universal custom of bleeding which once obtained in England, in cases where it would not now be employed, without putting too much faith in the alleged change of type in disease as an explanation of the fact.

We are certain of nothing in this world, says the preacher. At all events, there is one thing the pauper poor are not certain of; and that is, that when clad in the garments of grief, and mournfully following what they believe to be their deceased relatives to the grave, they are not instead merely escorting a box full of bones fresh from a dissecting room. The public have been startled by the charge brought against Mr. Feist, the late master of the Newington Workhouse, of having sold the dead bodies of its inmates for anatomical purposes. As the guardians of the poor are the persons who make this charge, which is now being investigated at the Lambeth police court, we are bound to believe that it is well grounded; indeed, the evidence of the parish undertaker, Mr. Robert Hogg, proves that great irregularities have for a long time taken place with respect to the remains of the pauper poor of this workhouse. It would appear from his evidence that paupers were returned by him as buried when they were not buried, but were, on the contrary, taken to Guy's Hospital for dissection; and it would also appear that the master was paid 10*s.* per body by its recipients at the Hospital as a *gratuity*. We do not quite understand this part of the evidence; and we do not doubt that the Hospital authorities will be able to clear up whatever may appear ambiguous in it. It appears that the interchange between the anatomical remains and a subject is managed in the following manner. The undertaker supplies exactly the same kind of coffin to the workhouse and to the hospital; and, when the subjects have satisfied the inquiries of science in the dissecting room, instead of being taken to the churchyard, their remains, in many instances (as many as fifteen, according to the admission of the undertaker), have been taken to the workhouse, and exchanged for fresh bodies, whose removal was performed under the warrant of the medical inspector, "in accordance with the provisions of the Act". The case was remanded; and we have no doubt that a thorough investigation of the whole affair will eventually take place. It seems quite clear that the machinery of the Anatomy Act does not put that check upon illegal practices which it was intended to do; and perhaps the insight given by these proceedings will explain the irregular manner in which the hospitals have during the present season been supplied with subjects—some having more, and others fewer, than they required. The dedication of the bodies of the pauper poor to the purposes of medical science is, without doubt, a certan infringement upon the feelings of a class for the sake of the general good: it therefore behoves the authorities to see that this arrangement is carried out with every possible decency and consideration for the feelings of that class, and that all such irregularities as this inquiry points to are severely punished.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 19TH, 1857.

FRANCIS HIRD, Esq., President, in the Chair.

GLASS GLOBE FOR MERCURIAL FUMIGATION. BY HENRY LEE, ESQ.

MR. HENRY LEE exhibited a simple glass globe, holding about a pint, which Mr. Cornish had contrived, for the local fumigation of calomel. The globe had attached to it a flexible tube at its orifice.

Mr. HIRD observed, that Dr. Headland, in his late *Lettsomian Lectures*, had spoken of the application of mercury by fumigation, as practised a hundred years ago, but which was given up in consequence of its occasionally producing sudden and severe ptyalism.

Mr. LEE remarked, that mercury was then used in the form of the cinnabar, or grey oxide; and all the bad effects of the mineral were developed. Now, with care and a different mode of application in small doses, no bad effects ensued.

SUBCUTANEOUS OPERATION ON VARICOSE VEINS. BY HENRY LEE, ESQ.

Mr. LEE said that, when blood is effused into the cellular tissue in the living body, it undergoes changes varying in different cases. Sometimes it is simply absorbed, leaving the surrounding parts as they were before; sometimes the fibrine becomes separated from the more fluid parts of the blood, and remains after these are removed. Again, the effused blood may remain contained in a kind of sac, of a dark grumous colour, for weeks or months; or, finally, it may undergo a process analogous to that of suppuration, and be discharged, more or less deprived of its colouring matter, as from an abscess. Blood that remains for any lengthened period stagnant in veins undergoes somewhat similar changes. It may be deprived of its serum, and its more solid parts may remain obstructing the veins for almost an unlimited period, or it may become dark and grumous, undergoing a kind of slow decomposition; or, again, in the fibrine previously separated from the other constituents of the blood, cell-development may take place, and an abscess will form in the vein.

In the various operations which have from time to time been practised for the obliteration of varicose veins, the effused and stagnant blood has occasionally either undergone a kind of decomposition, or has become involved in an abscess; and when the products of these changes have become mixed with the blood, it is now well known with what fatal certainty their presence is manifested. The occasional, although rare occurrence of the symptoms, now recognised as those of blood-poisoning, after operations on the veins, has led surgeons from time to time to seek for modes of operating which should be free from the dangers previously experienced.

In 1815, Sir Benj. Brodie published a paper in the *Medico-Chirurgical Transactions*, in which he advocated the subcutaneous division of varicose veins. In that paper, the advantages of the subcutaneous mode of operating are clearly pointed out. (A description here followed of Sir B. Brodie's mode of performing the operation.) In this mode of operating, no adequate provision is made against hæmorrhage from the divided vessel on the one hand, nor against the absorption through the open mouth of the vein of the products of the effused or stagnant blood on the other. If a vein be simply

divided, no one can tell exactly how much blood will be effused; and, if effused in quantity, the changes above mentioned will occasionally take place. These changes may occur either in the blood outside the vein, or in the stagnant blood still within the vessel, or the action may be communicated from one of these to the other. The product of these changes may be localised by the unassisted powers of Nature; the vein may be closed, so that no absorption through its canal can take place. In like manner, an artery, when divided, may spontaneously cease to bleed; but, nevertheless, surgeons are not fond of trusting to these unassisted powers of Nature. In one case, as in the other, that which may take place from natural causes may be with tolerable certainty effected by artificial means. The vein, like the artery, may be safely and efficiently closed. If this be carefully done before an enlarged vein is divided, the effusion of blood is in the first instance prevented, and there is proportionately less risk of any of the morbid changes which have been referred to; and, secondly, even should such changes take place, the products of such changes are prevented from entering the circulation through the wounded vein.

Such were the considerations which induced Mr. Lee in the year 1853 to try a new mode of performing the operation of subcutaneous division of varicose veins. The plan then adopted was to place a needle under the vein both above and below the part to be divided. A ligature was then placed over the needle in each situation, and allowed to remain for a couple of days. At the expiration of this time the blood was usually coagulated in the vein, which would be felt as a round soft cord on either side of and between the needles. The vein was now divided by subcutaneous incision, and two days later the needles were removed. After three or four more days the parts usually had the appearance of having united by the first intention, and the patient was allowed to go about his usual occupation. In his first attempts to perform this operation, he could not say that his success had been quite such as he could have wished, and, indeed, expected. One case in particular had some severe local and constitutional symptoms; and he had reason to believe that an abscess had formed in the vein, where it had been traversed by one of the needles. Reflecting subsequently on the cause of this, he became convinced that the origin of the mischief was, that the needle had pierced the vein instead of being made to pass fairly under it. In subsequent operations this point was attended to, and performed with due precaution, as it has now been by Mr. Erichsen, and various other surgeons, a great number of times, it has not, so far as Mr. Lee was aware, been attended with danger. During the last twelve months a farther improvement, as he conceived, had been effected in regard to this operation. The vein is divided as soon as the needles have been placed under it. The subcutaneous incision heals in about the same time as in the other operation, and the confinement of two days previous to the section of the vein is avoided. In this operation the blood which the vein contains between the two needles is allowed to flow out of the incision; and thus any tendency that there might be for stagnant or effused blood to decompose is avoided. In performing the operation in the manner now described, the blood contained in the veins between two needles escapes; the sides of the vein necessarily fall together, and are maintained in apposition. The sides of the vein compressed by the needles and ligature suffer no violence or injury. The subcutaneous incision is pretty sure to heal by first intention, and even should it not, the vein being closed above and below, no diseased secretion can find its way along its channel. Various cases were given to illustrate the different modes of producing obliteration of veins by subcutaneous division.

Mr. Hird asked whether the veins would not be obliterated by the simple introduction of the needles and ligatures, without the division of the vessel?

Mr. Lee said, that if the needles were removed in three or four days, no cure would be effected; if allowed to remain for three or four weeks, and ulcerate out, there would be a good chance of cure; but it was a tedious and unsatisfactory process.

Mr. Price had tried Mr. Lee's plan in several cases with a good result.

Mr. Rogers-Harrison advocated the use of carefully applied pressure to the varicose veins.

Dr. Rogers had seen the plan of Mr. Lee carried into effect in many cases in University College Hospital. Had Mr. Lee seen a strong solution of iodine applied to the varicose veins?

Dr. Siordet had seen several cases successfully operated on by Mr. Erichsen on Mr. Lee's plan.

Mr. Canton had treated a great number of cases with tincture of iodine most successfully. The iodine was applied to the surface, and appeared to act by absorbing the products of inflammation surrounding the vein, and reducing the vessel to its normal calibre.

Mr. Hird had seen, in cases treated by caustic successfully, other veins become after a time varicosed. There was generally some constitutional defect in persons suffering from varicose veins, and, in addition to local treatment, tonics—such as iron, were indicated.

Mr. Hunt had seen the disease return frequently after the veins had been obliterated in various ways. This was, no doubt, from some constitutional cause. He recommended the use of the laced stocking in opposition to the elastic stocking; the application of the plaster of ammonium and mercury along the course of the vein, with lint and flannel bandages, were of much service in some of these cases.

Dr. Routh referred many of these cases to accumulations in the prima viæ, and recommended the use of purgatives, such as the bitartrate of potash, in large quantities. The best mechanical means of support was a pair of tight fitting drawers.

Editor's Letter Box.

OFFENSIVE PSEUDO-MEDICAL ADVERTISEMENTS: THE ATLAS.

Sir,—The offensive pseudo-medical advertisements which sully our periodical press are a source of great gain to the papers in which they appear. Hence the slow progress hitherto made by social reformers in their attempts to eradicate this class of advertisements from journals otherwise unobjectionable. While we cannot fail to lament this tardy reformation, it is encouraging to observe that some progress is being made; and it is also a duty incumbent upon us to give a preference to the journalists who, acting upon advice often given in your pages, reject impure advertisements, and look to an increased circulation among families as a compensation for the illegitimate gains surrendered.

You will do that which is in itself right, and at the same time help on a good cause, by informing your readers that the *Atlas*, a cheap weekly journal of politics, news, and literature, now making a vigorous attempt to regain its reputation, has intimated its intimation to exclude for the future all offensive medical advertisements from its pages, and has already commenced this system of exclusion. I am, etc.,

Argus.

London, January 2nd, 1858.

COUNTERIRRITATION IN ULCERS OF THE LEGS.

Sir,—The benefit to be derived from the application of a blister to an indolent ulcer, with raised callous edges, has been acknowledged by the experience of years. I think its application has been confined solely to cases of this kind; but I have found great benefit arise from its use in other cases. In ulcers about the ankle, surrounded by a number of small veins, in a varicose state, irritable, discharging a thin serous fluid, and attended by great pain, where leeches are often prescribed, the application of a blister has been followed by immediate relief of the pain, and a speedy cure. I have known cases where leeches have been freely applied, with little or no relief to the pain or benefit to the ulcer, at once to yield to a blister, and a cure has soon been accomplished. I allow the blister to rise well all over the surface required (the sore and surrounding redness); then remove the whole of the raised epidermis; and apply a linseed-meal poultice, which, in many cases, of itself completes the cure. If the ulcer, from neglect, etc., should fall into an indolent condition, a repetition of the remedy is quite as successful. I have found the solid nitrate of silver answer very well, freely applied over the sore and surrounding inflamed integument, followed by the poulticing; but it is not quite so efficient as the blistering. The *modus operandi* appears to me to be simply that of counterirritation, the capillaries of the part being in a state of chronic inflammation.

A Country Practitioner.

January 4th, 1858.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

GOODWIN. On December 26th, 1857, at Norwich, the wife of W. Goodwin, M.D., of a son.

LAMB. On December 25th, at 4, Windsor Terrace, Maida Hill, the wife of J. Stewart Lamb, M.D., of a son.

MUDGE. On November 26th, 1857, at Madras, the wife of J. W. Mudge, M.D., of a daughter.

NICHOLAS. On January 4th, at Wandsworth, Surrey, the wife of *George Edward Nicholas, Esq., Surgeon, of a daughter.

SHEEHY. On January 1st, at 4, Claremont Square, Pentonville, the wife of W. H. Sheehy, Esq., Surgeon, of a daughter, stillborn.

MARRIAGES.

BERKELEY—SEDGWICK. BERKELEY, the Rev. A. F. M., rector of St. George's, Antigua, to Elizabeth Sarah, second daughter of Samuel Sedgwick, M.D., at St. Peter's, Antigua, on December 1, 1857.

BROWN—SHEARSMITH. BROWN, John, Esq., Surgeon, to Mary Elizabeth, only daughter of Robert Shearsmith, Esq., of Wandsworth, at Hammersmith, on January 2nd.

BROWNING—BARTRAM. BROWNING, Geo., M.D., of St. Stephen's Crescent, Westbourne Park, to Eleanor Arabella, widow of the late William Bartram, Esq., of Guildford, at St. James's, Piccadilly, on January 5th.

BUTLER—WEST. BUTLER, Pierce O'Brien, Esq., Inland Revenue, Somerset House, to Aurelia, second surviving daughter of the late Tyson West, Esq., Surgeon, Alford, Lincolnshire, at Newington, Surrey, on December 23, 1857.

THOMSON—DEAR. THOMSON, William, M.D., of Exeter, to Miss Jemima Dear, of Sparrow Hall, Streatham, on December 30th, 1857.

DEATHS.

BOX. On January 5th, at Abingdon, aged 47, Mary Hannah, wife of John Box, Esq., Surgeon.

CARY. On December 25th, 1857, at Woodford, Essex, aged 19, Susan Gertrude, second daughter of *W. H. Cary, Esq., Surgeon.

COOPER. On November 30th, 1857, at Mymensing, Bransby H. Cooper, Esq., Bengal Civil Service, eldest son of the late Bransby B. Cooper, Esq., Surgeon.

DIXON, Henry, Esq., Surgeon, at Norton, near Stockton-on-Tees, aged 31, on December 30th, 1857.

FELLOWES, Sir James, M.D., F.R.S.L. & E., Inspector-General of Military Hospitals, at Langstone Cottage, near Havant, aged 85, on December 30th, 1857.

GARDNER. On December 31st, at South Molton, Devon, Alfred Rosdew, infant son of *Frederick Gardner, Esq., Surgeon.

HEMINGWAY. On January 2nd, at Colnbrook, Middlesex, the infant daughter of E. V. Hemingway, Esq., Surgeon.

HITCH. On December 30th, 1857, at Sandywell Park, near Cheltenham, aged 61, Annie Scammell, wife of *Samuel Hitch, M.D.

HITCHINGS. On December 24th, 1857, at Oxford, Caroline, wife of G. Hitchings, Esq., Surgeon.

JALLAND, William Gibson, Esq., Assistant-Surgeon 24th Regiment Native Infantry, at Secunderabad, Madras, on November 8th, 1857.

LUARD, Peter Francis, M.D., at Florence, aged 71, on December 25th, 1857.

PRETTY, John Rowlison, M.D., of 31, Bayham Terrace, Camden New Town, on December 30th, 1857.

ROYLE, John Forbes, M.D., F.R.S., formerly Professor of Materia Medica in King's College, at Acton, on January 2nd.

SMYTH, George Beatty, M.D., of 43, Sackville Street, suddenly, aged 43, on December 29th.

WHITTALL. On August 23rd, 1857, on board the troop-ship *Bombay*, aged 17, Emily Florence, only daughter of Richard Whittall, Esq., Surgeon Bengal Army.

WILLIAMS. On January 1st, at Southwold, Suffolk, aged 8, Herbert Philip, son of *James Williams, M.D.

HEALTH OF LONDON:—WEEK ENDING JANUARY 2ND, 1858.

[From the Registrar-General's Report.]

THE total number of deaths registered in London in the week that ended on Saturday, January 2nd, was 1431, of which 755 were deaths of males, and 676 those of females. In the ten years 1847-56, the average number of deaths in the week corresponding with last week was 1288; and if, for comparison with last week's return, the average is raised in proportion to the increase of population that has taken place since the deaths in those years occurred, it will become 1417. Hence it appears that the number of deaths in the present return differs only to a small extent from the estimated amount.

The increase in the registered deaths of last week, as compared with those of the earlier weeks of December, is not due to an increased mortality, but to more than the usual number of deaths, on which inquests had been held, having been entered in the registers last week, many of these in point of time, belonging to former weeks. This usually occurs at the end of the quarter.

Diseases of the zymotic or epidemic class were fatal last week in 224 cases, the corrected average of corresponding weeks being 289. Hooping-cough was decidedly the most fatal of the diseases in this class; it rose from 48 and 37 in the two previous weeks to 57 last week. The next in degree of fatality was measles, which caused 45 deaths; typhus (including common fever) carried off 42 persons; scarlatina 25 children; croup 13. Bronchitis (the result of influenza) continued to be unusually fatal. No case of small-pox is recorded; one of infantile cholera. Eight persons are returned, whose deaths resulted directly from the excessive use of intoxicating liquors, besides those who received fatal injuries when in a state of intoxication. The number of cases in the year 1857 in which intemperance had a directly fatal effect was 111, or rather more on the average than two in a week. It is further to be observed that the deaths, in the registers of the year, ascribed to delirium tremens, exceed those referred to intemperance. Four deaths in the week were caused by carbuncle.

Six nonagenarians are included in the present return: one was 90 years of age at death, one 92, two 93, one 96, and one 97 years. Besides these, a man in Aldgate was registered at the age of 100 years.

Last week the births of 1041 boys and 892 girls, in all 1933 children, were registered in London. In the ten corresponding weeks of the years 1847-56 the average number was 1437.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 30·357 in. The mean daily reading rose above 30 in. on Tuesday the 22nd ult., and continued above it during the eleven days following. The highest reading of the barometer last week was 30·45 in. on Wednesday. The mean temperature of the week was 39·1°, which is 2·1° above the average of the same week in forty-three years (as determined by Mr. Glaisher). The mean daily range of temperature was 11·7°. The highest temperature occurred on Friday, and was 48°; the lowest was 30·8° on Thursday. The mean dew point temperature was 37·4°, and the difference between this and the mean air temperature was only 1·7°. The mean daily degree of humidity of the air was 93; on Tuesday and Wednesday the humidity was 99, complete saturation being equal to 100. The wind blew mostly from the south-west and south-east. The mean temperature of the water of the Thames was 45·1°. No rain was measured by the gauge in the week.

NEW MEDICAL REFORM BILL. On Friday, December 11th, Mr. Cowper, Vice-President of the Council of Education, stated in the House of Commons, in reply to a question from Mr. Kinnaird, that it was his intention, after the Christmas recess, to introduce a measure regulating the qualifications to be required hereafter from persons admitted into the medical profession in the United Kingdom. We are now enabled to state that the Bill will be introduced at the end of February or beginning of March, with the view of its being speedily passed, and that it will differ only in minor details from the measure introduced last session by Mr. Headlam, and carried through a second reading by a large majority of the House of Commons. The government are in full possession of all the information necessary to enable them to introduce a good measure; and after nearly thirty years agitation on a subject of such vital importance to the public, the Bill proposed to be introduced will probably in a few months become law. (*Observer.*)

PRECAUTIONS TAKEN IN FRANCE AGAINST THE INTRODUCTION OF YELLOW FEVER FROM LISBON. Information has been received from Brest that, as a precaution against the importation of yellow fever, all ships arriving there from Lisbon are put into quarantine, and the particular circumstances of each ship reported to the Minister, in order that he may determine the number of days she shall be detained before being admitted to *libre pratique*. The first ship coming under this regulation was *La Meuse*, great screw transport, which sailed from St. Louis, Senegal, with 186 invalids, most of whom were ill of dysentery, anæmia, marsh fever, and pulmonary complaints. On the 6th of November *La Meuse* put into the Tagus, and anchored under Belem Castle, where she remained until the 9th, and then sailed for Brest without having communicated with the shore. During her passage from Senegal to the Tagus four men had died on board; between Belem and Brest she lost four more; and on the 15th inst. one man died in Brest roads; but no case of yellow fever had occurred on board this ship. The Minister, under these circumstances, directed that she should be released from quarantine on the 19th, when ten days would have expired from the day of her departure from the Tagus. This decision is conformable to the international sanitary convention (now carried out in France), which stipulates that when no case of yellow fever occurs during the last ten days of passage on board of a ship coming from a country where yellow fever prevails no quarantine is inflicted. The late presence of yellow fever at Lisbon has caused great precautions to be taken in all the ports of France, not only against the present danger, but for future contingencies, it being now considered as certain that yellow fever may be imported and become epidemic in latitudes which hitherto were supposed to be exempt from this risk. The great and increasing extension which this dreadful malady is taking along the coasts of America, and in places where it was totally unknown fifteen or twenty years ago (the Brazils and the River Plate), are thought fully to justify these precautions. All the lazarettoes in France, which have been lying in a state of comparative neglect for several years, are now preparing for the reception of invalids. Dr. Mêlier, the inspector-general of sanitary services in France, is going round the ports where quarantine may be performed. A few weeks ago he arrived at Brest, and visited the lazaretto in company with the local authorities. This building is on the island of Treberon, in Brest Bay, seven miles from the town. A year ago it was in a state of ruin, but has now been entirely rebuilt. There are four wards, fitted up with 120 iron bedsteads, and capable of holding more than double that number; also more than a proportionable number of officers' and passengers' rooms and lodgings, and offices for the medical and commissariat departments; all the bedding and other furniture being kept ready in dry stores at Brest, whence they can be sent to Treberon at an hour's notice.

PRIZE FOUNDED IN MEMORY OF THE LATE M. AMUSSAT. Shortly after the death of the late distinguished French surgeon, M. Amussat, his father signified to the Imperial Academy of Medicine in Paris his intention of founding a prize in experimental surgery in memory of his son: he died, however, before he was able to carry out this project. At the meeting of the Academy, however, on December 2nd, a letter was read from M. Alphonse Amussat, stating that he and the fellow heirs of his late father had signed a legal deed of gift to the Academy of the annual sum of five hundred francs for the foundation of a prize in surgery. The sum is to be awarded every two years to the author of a work, or of researches based on anatomy and on experiment, which shall have realised or opened the way to the greatest advance in surgical therapeutics. If the rate of interest is at any time reduced, the prize shall be withheld until it amounts to five hundred francs. The communications presented may be written or printed. The Academy may, if no candidate deserving of the prize appears, either defer it, or divide it among several candidates, under the form of encouragement. No work shall be admitted to competition which has obtained a prize or recompense from the Academy of Medicine or the Academy of Sciences: but those which have obtained "encouragements" may be admitted, on condition that the authors follow up the subjects.

THE QUEEN OF SPAIN'S ACCOUCHEUR. On the recent occasion of her delivery, Her Majesty the Queen of Spain has presented her first accoucheur, Dr. Corral y Oña, with a magnificent chased silver salver, a thousand ounces of gold (about £3360), and a splendid set of diamonds for his wife. She has also conferred on him the title of *Marquis de Real Acierto*.

THE EARTHQUAKE AT NAPLES: GENERAL BLEEDING. The correspondent of the *Times* of January 5th has the following remarks:—The proverb which says that it is an ill wind that blows nobody good was never more strongly exemplified than in the case of this earthquake. One might suppose it difficult that such a calamitous convulsion of nature should bring benefit to any class, but we learn that it has filled the pockets of the barbers of Naples. The Neapolitans are in the habit, when anything occurs to shock or terrify them, of getting themselves bled. I am ignorant in what this curious custom originated—whether those who persevere in it can assign for it a plausible reason; but it is certain that after a violent emotion most Neapolitans would consider themselves in peril if they had not immediate recourse to phlebotomy. I know a Neapolitan gentleman who was once sought after by the police for political causes. He was well concealed, and ultimately escaped; but his father's house was searched, to the great alarm of the family, and the *sbirri* had hardly left it when the barber was called in to bleed every member of the household. Now, it is difficult to imagine a severer shock to the system than that of an earthquake, and we can imagine the dire consternation that prevailed in Naples when, at 10 at night, houses rocked, chandeliers swung to and fro, and furniture was overturned, as described in the letters of your correspondents and others; and accordingly we need not be surprised to learn that the barbers and their lancets were in immediate request, and, in fact, could not meet the demand for their services. It is estimated that 30,000 persons were bled.

ARSENIC IN PAPERHANGINGS. Dr. Alfred Swaine Taylor, in his evidence before the Select Committee of the House of Lords, last session, on the Sale of Poisons Bill, after pointing out that arsenic was much used in several manufactures, such as in the manufacture of glass, especially of opal glass, of shot, in the steeping of grain, and in killing the fly in sheep, states that the largest quantity of arsenic used in this country is used in the manufacture of paper for covering walls. He considered it very injurious both to those living in a house prepared with this article, as well as to those employed in the manufacture. An instance was published in a medical work of some cases of illness occurring to persons living in a room papered with this paper; and the effects were described as those arising from arsenic. The colour, says Dr. Taylor, is put on very loosely; it contains nearly 50 per cent. of the poison. In addition to the above, Dr. Taylor handed to the committee an envelope, the green tint on the inside of which he examined, and found to be formed of arsenite of copper. There is also an orange yellow which contains arsenic.

LEAD-POISONING OF LACE-CLEANERS. The death of a young woman at Paris employed in lace cleaning, in whose viscera after death notable quantities of lead were found, has given rise to an investigation as to the means employed. It has been discovered that soiled lace is cleaned by a process imported from Brussels, and which consists in giving to the flowers a fictitious and temporary whiteness by repeatedly dusting them with white lead. All the workwomen employed in fixing flowers so cleaned upon net suffer more or less from the emanations of the lead; and several have been obliged to abandon the business.

SMALL-POX PATIENTS IN PRUSSIA. A curious law-suit is going on just now in Berlin. A rich banker of that city, who is ill of the small-pox, has had two actions brought against him, one by his barber and the other by his upholsterer, who claim damages because he communicated the malady to them. They demand compensation for the doctor's expenses and the time they have lost. According to the Prussian law, the banker was bound to hang up outside his door a notice with the words, "There is a person here ill of the small-pox." (*Edinburgh Medical Journal*, January 1858.)

THE POISONOUS PROPERTY OF YEW. Two fine steers, the property of Mr. J. Taylor, Summer Hill, Gainsborough, were seen to be unwell on Saturday week, and one of them immediately fell and died before any remedy could be obtained. To the second (which also fell) a bottle of gin was given *instanter* by the owner. The animal rallied, and, with other remedies applied by Mr. Chapman, veterinary surgeon, is now fast recovering. The steers had been in the garden cropping a yew fence, which was the cause of the illness, as in the *post mortem* examination was clearly defined.

PHYSICIAN TO THE SHAH OF PERSIA. It is reported that M. Tholozan, *agrégé* professor at the Val-de-Grâce in Paris, has been nominated to fill the place of chief physician to the Shah of Persia, vacant by the death of M. Ernest Cloquet.

The Public Health Act. The Public Health Act (1848) Amendment Bill has been printed for consideration during the recess. It is prepared by Mr. Cowper and Mr. Massey, and contains 187 clauses. The Act is divided into four parts; the first, relating to the adoption of the Act; the second, to the constitution, proceedings, and general powers of the local boards of health; the third, to the special powers of local boards of health; and the fourth, to general provisions. The Act is limited to England, and will not be applicable to any place within the limits of the metropolis unless the Act of 1848 has been already applied thereto. The General Board of Health is to be continued for five years from the passing of the new Bill.

Academy of Medicine in Paris. At the meeting of the Academy of Medicine, on December 22nd, the following officers were elected for the ensuing year:—*President:* M. Laugier. *Vice-President:* M. Cruveilhier. *Annual Secretary:* M. Devergie. *Administrative Council:* MM. Cruveilhier, Louis, and Danyau.

Yellow Fever in Lisbon. Advices from Lisbon state that the fever appears to be gradually passing into the period of decadence. The colder weather has produced a beneficial effect. M. Suquet, a physician nominated by the French government to study the prevailing epidemic, had arrived, accompanied by M. Guyon, who is known as the author of several works on epidemics. They had visited some of the hospitals, and common report affirmed their opinion to be to the effect that the disease is caused chiefly by the unwholesome state of the sewers, and the general dirty condition of the city, and that it is of the typhus class. On the 26th ult. the new cases were reported 159, and 65 deaths, in houses and hospitals; on the 25th there were 149 cases and 32 deaths; and on the 24th, 179 cases and 64 deaths. It has, since the 26th, gradually declined, and has now almost entirely disappeared.

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

To Contributors. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from: —Dr. W. Mackenzie; Mr. George Southam; Dr. Thomas Inman; Mr. Holmes; Mr. C. Young; Mr. J. F. Howard; Mr. J. Dulvey; Mr. G. E. Nicholas; Dr. C. W. Graham; Argus; Dr. W. Taylor; Mr. F. Gardner; Mr. Birkett; Mr. S. Parker; Mr. G. R. Strachan; Mr. F. Fry; and Dr. J. Armstrong.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. London and Provincial Medical Directory. 1858. London: Churchill.
2. The Diseases of Children. By Fleetwood Churchill, M.D. Second Edition. Dublin: Fannin & Co. London: Longman & Co. Edinburgh: McLachlan & Stewart. 1858.
3. Sanitary Legislation and Administration in England. An Address. By *Henry Wyldbore Rumsey. London: Churchill. 1858.
4. Alcohol: its Place and Power. By *James Miller, F.R.S.E. Glasgow: 1858.
5. On the Study of Veterinary Medicine. Being an Inaugural Address at the Opening of the Edinburgh New Veterinary School. By John Gamgee. Edinburgh: Sutherland & Knox. 1857.

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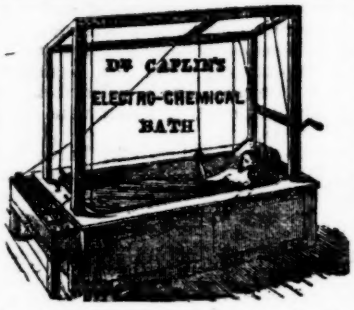

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